

CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 27, 1985

a Benn publication

FPA scheme
goes national
this Autumn

June meeting on
new contract?

DHSS proposal
on list appeals

NPA Press ads
get top marks

Pharmacy's
marathon men

Life as a '30s
apprentice

Renal diseases
and treatment

Tax planning

Rates soar
in Scotland

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125 Years
Service to
Pharmacy

125

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COMMENT

Pharmacy contractor Mike Reynolds from Highcliffe, Dorset this week continues his campaign to have two pharmacies at 282 Lymington Road, with their separate contracts, treated individually for NHS pricing purposes. Dorset Family Practitioner Committee has advised the Prescription Pricing Authority to give the business separate statements but to lump scripts dispensed together for payment.

The two dispensaries are connected internally but have separate entrances from the highway. Mr Reynolds' aim in establishing his "chalk line" pharmacies is to boost his oncost payments by splitting the script volume. This is to compensate for a substantial loss of fee income resulting from a decision by local GPs to prescribe routinely for 60-day periods.

His cause is undoubtedly just in that, under the present contract, pharmacists' remuneration is vulnerable to the whim of any doctor who chooses to extend his repeat prescription period. The Pharmaceutical Services Negotiating Committee is presently trying to rectify this with the new contract, arguing that "the professional fee should incorporate a fee scale relating to fixed treatment period". This makes sense

because it does not specify a maximum 30-day period, for example, but recognises that the treatment term will vary according to the patient and therapeutic category of drug required.

What is questionable is the route Mr Reynolds is taking to redress his financial loss. It is quite probable that if he were actually to start dispensing from his second pharmacy and seek payment, on the basis of having two contracts, his case would be upheld in law. In his aim to highlight the absurd iniquities of the current contract, he must take care his laudable intentions are not swamped by lay media coverage of what may be viewed as a "fiddle".

We understand Mr Reynolds is also endeavouring to highlight the need for rational location in urban as well as rural areas. He believes the undertaking of an NHS dispensing contract is a service and not an entrepreneurial activity and that the FPC should be able to refuse a contract, subject to appeal, if certain rules do not apply. If Mr Reynolds succeeds in drawing attention to the need for such a policy without having to open up his second pharmacy, then he will have done pharmacy and the public a service.

Family planning scheme goes national

A national family planning information service is to be launched through pharmacies this Autumn.

The launch concludes a five year project, run jointly by the Family Planning Association and the Pharmaceutical Society, which has been investigating the possible role of the pharmacist in this area.

All pharmacies will receive a specially designed leaflet stand, free leaflets on birth control methods, stickers for window or till, a contraceptive handbook and a subscription to the quarterly journal *Family Planning Today*, which is at present distributed to doctors. Pharmacists not wishing to take part would return or not use the material.

A major publicity campaign is being planned to make consumers aware of the service and the FPA hopes soon to liaise with the National Pharmaceutical Association about the possibility of linking advertising with the NPA's campaign.

The FPA and the Society believe this basic service should be established

permanently but an evaluation of its impact on both pharmacist and consumer, including a specific consumer survey, will be carried out after the first year. Once the basic scheme is established other ways of expanding it will be explored, such as the provision of nationwide family planning courses for pharmacists and the development of a wider range of materials for pharmacies.

The ultimate aim is to provide complete health care information through pharmacies, covering topics such as smoking, diet, old age, cancer and heart disease.

This month pharmacies are being sent a booklet "Contraceptive Health Care Through the Pharmacy" which includes information about the proposed scheme and reports on the trial distribution in 1983 of leaflets and verbal information through 734 pharmacies. The trial showed that such a service was viable and that a national scheme would expand the pharmacist's health care role and provide a valuable source of information to people not using other family planning services.

Late arrival leads to fine

The Pharmaceutical Society has prosecuted a Deeside chemist after one of its inspectors, on a routine visit, discovered prescriptions being made up in his absence.

Mold Magistrates Court was told recently that a pharmacist should either dispense medicines himself or supervise others. Alun Gwynfor Cunnah, of The Wepre Pharmacy, 113 High Street, Connah's Quay, admitted four charges under the Medicines Act and was fined £400 with £75 costs.

Mr John Wilcock, prosecuting, said that an inspector visited the premises one morning last October. He arrived at 9.20am and could not see or hear Mr Cunnah in the shop. He returned ten minutes later and as he entered could hear the labelling printer being used. There were two lady assistants in the shop and one was handing items to a customer.

Mr Jim de Cordova, defending, said Mr Cunnah was a pharmacist of 20 years experience who ran a first class chemist's

shop. That particular morning he had suffered an attack of migraine, and failed to get a locum to stand in for him. He was only ten minutes late arriving but within that time the offences were committed.

The chairman of the bench, Mr T.M. Haydn Rees, said it was vitally important that pharmacists strictly observed the law. There were obvious dangers if the Act was not strictly observed and the case should be a salutary warning to others.

Snuff-dipping

Chief Medical Officer Dr Donald Acheson, is writing to doctors on the dangers of snuff-dipping, the practice of sucking tobacco contained in a small sachet. He says it increases the likelihood of oral cancer.

Medical evidence has been studied by the Department of Health's committee on carcinogenicity. The brand most widely on sale in this country is Skoal Bandits whose manufacturers have agreed not to direct marketing at young people and non-smokers.

Contract on?

The Pharmaceutical Services Negotiating Committee hopes to wrap up negotiations with the Department of Health on the new contract during three meetings in early May, and call a contractors' meeting in June.

"Progress continues to be made," PSNC chief executive Alan Smith told C&D. "Several meetings are organised for the beginning of May, and if a package can be assembled by then it will be put to a conference some time in June."

Mr Smith would not comment on the content of the package but C&D understands a great deal of time has been spent discussing the rational distribution of pharmacies. This was one of PSNC's declared objectives in the Pharmacists Charter. Other aspects of the Charter must wait until publication of the Government's Green Paper on primary care, and the Nuffield Report.

Two-in-one case

Mike Reynolds, the owner of the two-in-one pharmacy at Highcliffe is continuing to press for the businesses, which have individual NHS contracts, to be treated separately for pricing purposes.

But Dorset Family Practitioner Committee has asked the Prescription Pricing Authority to calculate payment as if they were one (see p882).

Mr Reynolds has asked the Pharmaceutical Services Negotiating Committee to take up his cause with the Department of Health. He understands the PPA has had to refer the Dorset FPC request back to the DHSS for clarification. PSNC has written to Dorset FPC and is awaiting a response.

The property at 282 Lymington Road has been divided into two dispensaries by Mr Reynolds, connected by an internal door but with separate outside entrances. He says he has lost thousands of pounds in dispensing fees because local GPs now prescribe for 60-day periods rather than for 30-days. Mr Reynolds hopes to recover some of the lost income through the higher oncost paid if the available scripts were split between the two businesses. He has sent the letter on p882 to PSNC, the Society, the NPA, Lord Winstanley and Dorset and Hampshire FPCs.

A PPA spokesman says implementing the Dorset FPC request presents "certain operating difficulties."

DHSS proposals on list appeals

Local medical committees are to be consulted before the General Medical Services Committee makes any decision on a limited list appeals mechanism put forward by the Department of Health.

Details of the formal offer, which would apply in England and Wales were revealed this week, and would allow GPs to prescribe blacklisted (Schedule 3A) drugs for named patients at NHS expense, subject to certain conditions. Separate discussions will take place in Scotland and Northern Ireland to achieve "similar flexibility," the DHSS says.

The DHSS proposes that each FPC set up a subcommittee of six doctors to oversee NHS prescribing of Schedule 3A medicines. A GP who wishes to prescribe a blacklist drug may either seek prior permission of the subcommittee, or prescribe the drug and notify it within 24 hours, giving full details.

In the case of notifications seeking retrospective approval the subcommittee, if it rejects the case, will have the power to order that the cost of any drugs dispensed be deducted from the prescriber's remuneration.

The Department proposes a blacklist prescription should be endorsed by the GP to indicate whether he has prior permission to prescribe, or is seeking retrospective approval.

Pharmacists will not be required to check the validity of the endorsement and will not be in breach of service if it is not valid. Provided the drugs are available to them, pharmacists will dispense blacklist prescriptions that are endorsed correctly.

Prescriptions issued without prior approval may not be for more than 28 days supply but permission once granted will apply to the whole of a continuing course of treatment. There will be no appeal against the subcommittee's decision.

The subcommittee will approve blacklist prescriptions only if it is satisfied the patient's health would otherwise be adversely affected, eg, where a scheduled drug has a specific effect not achievable with any normally available drug. (The DHSS proposes to transfer clobazam to Schedule 3A).

The proposals were discussed at last week's GMSC meeting, where it was decided to continue negotiations. Doctors are also requesting a review mechanism.

The Pharmaceutical Services Negotiating Committee intend to comment on the override procedure.



Pharmacist on arson charge

Pharmacist John Barnes deliberately set fire to his shop, but first saved £12,000 of NHS prescription forms which were found in his car boot, an Old Bailey jury was told last week.

Prosecuting counsel Mr Lawrence Alt said Mr Barnes' business partner, Mrs Shirley Langton, said it was the first time he had taken NHS prescriptions from the shop. Had they burned, he would not have been paid, counsel added.

Mr Barnes, 45 from Nuthurst, near Horsham, has pleaded not guilty to three charges of arson at the shop on London Road, Mitcham, in January 1984.

Mr Alt claimed that the motive was financial. He said Barnes and Mrs Langton went into partnership in 1982, Mrs Langton putting up £5,000 and Barnes £3,000. Barnes borrowed his share from the bank, but was repaying it from the company accounts instead of his own resources. He also took out loans which Mrs Langton knew nothing about. At the time of the fire there were large debts.

Mrs Langton, who got nothing from the business other than £50 a week when she worked in the shop, became suspicious about the accounts, but when she asked to see statements Barnes lied and said the bank hadn't sent them. Relations between the two became strained and Barnes tried to get Mrs Langton to sell up. He then wanted her to buy the shop and sent her a letter which gave the impression she had agreed to his terms which she had not.

Just before the fire there were suspicious incidents which might have led

to outbreaks, said Mr Alt. On one occasion a cardboard box was left close to an electric fire which was switched on. Then a box of rubbish was left by the fire. When Mrs Langton spoke to Barnes he appeared more concerned about the cost of electricity than the danger.

Soon afterwards an electric fire was left on a sofa in the upstairs flat, and gas taps were turned on but not lit. It was discovered before a fire started, and Barnes said he would investigate.

On the day of the blaze, alleged Mr Alt, Barnes was the last one to leave the shop. Two assistants were on holiday.

Fortunately firemen arrived quickly on the scene and the damage was not as bad as it might otherwise have been. They discovered two sources of fire. One was in the dispensary where packaging material had been set on fire. The other was in the upstairs flat where paraffin had been splashed on the floor next to an electric fire and gas taps had been turned on.

It was significant, said Mr Alt, that whoever lit the fires had not triggered the burglar alarm, which only went off when firemen broke in.

Police who arrested Barnes at the scene were suspicious because he seemed unconcerned that his livelihood had gone up in flames. He denied being responsible for the blaze and claimed his business was profitable. The trial continues.

Date for HD case

The judicial review of the HD endorsement scheme will take place in the High Court June 11-13.

Bomore Medical Supplies Ltd, representing the Association of Pharmaceutical Importers, have been joined in their action by Eurochem Ltd.

NPA Press ads get top marks as TV burst ends

The public grasped the message of the National Pharmaceutical Association's "Ask your pharmacist" Press advertising campaign "extraordinarily well," according to the latest consumer research.

People have not been offended by the stark images and direct copy of the black and white advertisements in the national Press. Mr Andrew Carnegie, a director of Cromer Titterton Mills Cowdrey, the NPA's advertising agency, told *C&D* the advertisements showing the "tongue" and "nose" had performed particularly well. However, the "foot" advertisement had been perceived as being male orientated when the thrust of the campaign was at

women with young children. The "baby's bottom" had provoked the traditional "ah" response while the "female tummy" was considered to be too perfect.

Mr Carnegie told *C&D* he had never seen a more complimentary piece of research. It suggested the Press campaign was very much on the right lines with only fine tuning required for 1986.

The April burst of television advertising on TV-am, to emphasise the availability of the pharmacist as an adviser on health matters to coincide with the limited list, has finished. The £40,000, 25-spot campaign showed various medicines, including an effervescent tablet being dropped into a glass of water, with the voice over: "Before you take anything else, take your pharmacist's advice."

The same advertisement has featured in Northern Ireland. Shown at peak times on Ulster TV, is expected to have been screened around 12 times when the campaign finishes at the beginning of May.

Addict ends armed hold-up

A man who held staff and customers of an all-night pharmacy captive while he injected himself with a potentially lethal cocktail of drugs, was sentenced to four years in gaol at the Old Bailey last week.

It was only the bravery of another addict which brought the incident to a peaceful end, said Mrs Mills, prosecuting.

She told the court that Mr Roy McNeill, after five days without heroin, had armed himself with a homemade gun and a crowbar and went to Bliss Chemists in Willesden Lane, Cricklewood.

Just before midnight he burst into the shop, ordered staff to lock the front door, made two customers and four employees lie on the floor and fired a warning shot.

While he was in the dispensary injecting himself with a "cocktail" of dangerous drugs, pharmacist Mr Dilipkumar Patel and customer Mrs Jacqueline Levorato worked out a plan.

Mrs Levorato, 33, pretended she wanted to go to the lavatory through the dispensary, and took McNeill some cigarettes. Although he pointed the gun at her, she gradually gained his confidence and showed him that she too was a drug addict, and injected herself in front of him.

Police had arrived on the scene almost immediately, but because McNeill was becoming jittery Mrs Levorato implored them to be quiet, said Mrs Mills.

Mrs Levorato managed to get the



Unichem chairman Norman Sampson MPS (right) greets Leicester Polytechnic research student Richard Houghton, MPS, at the start of his day-long visit to Unichem with 25 second-year pharmacy students. They listened to talks on pharmaceutical wholesaling and toured the Chessington branch warehouse

shop's keys away from McNeill who was still injecting himself. After two hours he became drowsy and dropped the gun. After a struggle Mrs Levorato retrieved it, and took it to the police. McNeill was then taken to hospital and treated for a potential overdose.

McNeill, of Camden Town admitted robbing the pharmacy of drugs, possessing a handgun with intent and falsely imprisoning Mrs Levorato last September. Judge John Owen praised Mrs Levorato's courage and awarded her £75 as a token of the public's appreciation.

PSGB brings GPs to court

Three doctors were committed to trial on Tuesday from Bodmin in a prosecution brought by the Pharmaceutical Society.

The three GPs, in a joint practice at Port Isaac, Cornwall, each faced three charges alleging the wholesale supply by them of proprietary medicines to the owner of a general store in the village, Mr Graham Woods. They are separately accused of supplying Mr Woods Panadol paediatric elixir, Waspeze and Dequadin.

When the doctors first appeared a year ago, a fourth GP in the practice also faced identical charges. In court on Tuesday, however, the bench agreed the charges against Dr John Day should be withdrawn. He is now practising in Brunei.

The three who are committed on bail to Bodmin Crown Court are Drs John Blount-Baker, Stewart Davison and James Lunny. Chairman George Martin granted unconditional bail pending trial. Reporting restrictions were not lifted.

Guild supports list appeals move

The Guild of Hospital Pharmacists has come out in full support of a national appeals procedure to deal with modifications to the limited list.

Guild Council is to ask the DHSS to include hospital pharmacists in any appeals panel.

The staff side of the Whitley Council has made a claim for a substantial increase in salaries, and for settlement of the long standing claim for payment for out-of-hours service. The management side is to respond on both issues. No progress has been made in the joint Whitley Council working party on grading structure.

OTC price war?

There are signs of a price war in the OTC antacids market.

Retail prices of all Asilone packs will be substantially reduced from May 1 to give a 50 per cent mark up on cost. New prices will be:— suspension 100ml £1.62, 300ml £2; tablets 12 £0.90, 30 £2, and infant £2.17.

Prices of Maalux Plus have also been recently reduced to bring them in line with those of Asilone.

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Glaxo settle copyright case

Glaxo Group Ltd and two of its subsidiaries settled a High Court action against J.B. Dyhouse (Henley) Ltd over alleged infringement of copyright and "passing-off", last week.

The action was the latest in a series brought by Glaxo Group, Glaxo Operations UK and Allen & Hanburys Ltd arising out of alleged counterfeiting of foreign produced Ventolin inhalers.

Mr Justice Goulding, sitting in London, approved terms under which J.B. Dyhouse agreed to permanent orders restraining them from selling, advertising, distributing or dealing in inhalers the same as, or confusingly similar to, the style used by the plaintiffs for their Ventolin inhalers sold in this country.

The agreed order does not prevent J.B. Dyhouse dealing in inhalers manufactured and packaged by, or with the consent of, the plaintiffs.

Period pharmacy

A "period pharmacy" is being opened at the Bridewell Museum in Norwich on May 17.

The pharmacy is the gift to the Norwich Museum Service by Mr and Mrs John Newstead of Norwich. Mr Newstead, a pharmacist, has been collecting from pharmacies in East Anglia for 25 years.

Visitors will be able to see glazed cupboards filled with medicines and cosmetics with mahogany drawers, which will, in many instances, contain their original contents. There will also be a dispensary complete with pill machines.

The pharmacy will be opened by Mr Leslie G. Matthews, a leading authority on pharmaceutical history. The display will be open to the general public from Saturday, May 18.

Netillin recall

Pharmacists are asked to return stocks of Netillin ampoules 150mg 1.5ml (batch IT4UWHA 15, delivered since February 27) which are incorrectly labelled. Previous supplies of the batch are unaffected, say Kirby-Warrick Pharmaceuticals. Cartons are correctly labelled but ampoules may be labelled 100mg per 1ml. Incorrectly labelled stock should be returned to wholesalers.

Entitled?

My brief when I took this column was to write about anything I liked, although it was implicit the main thrust of what I offered would concern pharmacy. But once in a while something arises which forces protest to burst out.

A friend of mine at school had been sent on an errand to an uncle. When he called in, he noticed a little old man sitting in the corner by the fire, although no introductions were made.

When he returned home, his mother asked if he had seen anyone. When he answered yes, he was told it was his grandfather. This came as a great shock, since he had been told his grandfather was dead. It seemed however that years earlier the grandfather had abandoned wife and the three remaining younger children. The boy's father took full responsibility for the support of his mother and his brothers and sisters, but simply wrote his father out of his life. The return of the aged reprobate was greeted with an icy acknowledgement, but no integration into the family.

There is no moral in this story. The boy's father was a decent upright man. It is inconceivable that anyone knowing him and his way of life could possibly suggest that, because the grandfather had acted badly, the son was of diminished value.

Yet over the last couple of weeks we have seen the most distasteful campaign, intended to humiliate the lady who married the Duke of Kent, because her father had been a Nazi. So what? What is being established? And why is it felt necessary to pursue so relentlessly this finger-pointing campaign? It doesn't make me feel good to be British.

Young blood

I see Peter Joshua, immediate past president of the students association, proposes to set up a group to give our newly qualifieds a "voice". Bully for him. They can join the chorus.

We already have a Rural Pharmacists Association, and a variety of contractor pharmacists associations. And I understand there is a hospital pharmacists group, an industrial pharmacists group, an advanced pharmacist group and an Ag and Vet group, etc etc. It might be as well to set up a younger section of each of these associations, and perhaps a series of graded age groups, like Rotoract (up to 28 years of age) Round table (up to 40) and the Rotary until seniority is achieved?

Regretfully, I see no particular reason for listening to a young pharmacist any

more than an old one. Once qualified, a pharmacist is equal in every way to every other member of the Society. So far as "voice" is concerned, every pharmacist has it, although to be listened to, he will find he must say things which make sense. He will persuade other members only when he has the maturity of judgement to know what to say and when... I would not want to be listened to with a particular tolerance simply because I was young.

GP dispensing

I note that a true cost analysis of GP dispensing is to be undertaken in Guernsey. Yet I believe in the UK no such survey has ever been undertaken. Unbelievable isn't it, especially when you consider how tightly we have been buttoned down all these years with a contract tighter than the proverbial...

I was intrigued to see fears expressed that if doctor dispensing fees were reduced, those doctors might seek to increase their dispensing to maintain their accustomed income. Always the optimist, I would have thought that if it was not profitable enough they might decide it wasn't worth the effort.

It all depends on the doctors' basic salaries, and the conditions under which they are required to operate their dispensaries. If it is like the UK, then of course dispensing via the proxy of anyone who can read and write, is seen as money for old rope with no hindrance on profits.

Coincidence

It really was a coincidence which saw me making comment on sanpro marketing, last week at the same time as a full series of articles were published on the same subject. I was interested by the comment that chemists were stocking too many fringe brands, with inadequate stocks to maintain sales of brand leaders, coupled with the criticism of poor merchandising. I went and had a look at my display and stocks as a result of this and have been set wondering if I have it right in my shop.

This year we eliminated four brands from the shelves, all of them borderline makes. We only stock Tampax and Lilia in tampons, having never been able to establish any others, despite all sorts of incentives. It certainly makes us cautious about new launchings, which we now view as one-time purchases, buying accordingly with a view to making a profit. However, as I said last week, I believe Pennywise could launch a new tampon range, using the brand name and image which are so well established, and achieve success. I'd like to see it. How about you?

Marathon fame but still a pharmacist

Pharmacist Charlie Spedding set an English best time of 2 hours 8 minutes 33 seconds in the London Marathon on Sunday.

Last year's winner, Charlie was beaten into second place by Welshman Steve Jones, a former world record holder who finished in 2 hours 8 minutes 16 seconds.

Despite not working as a pharmacist for five years, Charlie is staying on the Register as "an insurance policy" and might consider returning to practice one day. "I didn't leave because I couldn't stand it," he told *C&D*. "I left because I had the opportunity to do something I liked more. Because I have the qualification, I'd like to keep my options open, although obviously I'd have to do a refresher course first if I did return."

Charlie started serious running at the age of 16 and was training and competing throughout his years at Sunderland Polytechnic. During his preregistration year, he would run the six miles to work at St Thomas Hospital, London. On registering in 1975 he worked for an independent pharmacy in the north east, running for the whole of his lunch breaks and for a couple of hours after work.

In 1980 he had a year in the USA, "mainly having fun". He was able to concentrate more on his running and has "never looked back". He returned to take up a post with sportswear manufacturers Nike in Washington, Tyne and Wear, first as promotions manager and then in quality control.

One reason he gave up pharmacy was that he disliked the general direction medicine appeared to be taking. "I had the feeling that people were taking more and more drugs to solve their problems and that there was far too much prescribing of minor tranquillisers. I found it frustrating. But the main reason I gave up was that the Nike job was more appealing."

With his running, he discovered that his attributes lay more in stamina than in speed and in 1984 he took part in his first marathon, in Houston, which he won. Previously he had been regarded as a 10,000 metres runner, having finished fourth in the Commonwealth Games in 1982 and fifth in the World Championships in Helsinki a year later. Sunday's marathon was his fourth.

He has mixed feelings about his latest

success — disappointed that he did not win but delighted with his own performance. "I was just beaten by someone better," he adds philosophically.

He and Steve Jones were running together for the first 23 miles or so, when the winner started to edge away. "I didn't slow down," says Charlie, "my legs just wouldn't go any faster."

The most satisfying part was facing up to a challenge and achieving the best performance he could. His next marathon will probably be next year at the Commonwealth Games in Edinburgh ("you can't do these things too often," he points out) and he hopes to compete in track races in England this summer.

Nike gave him 12 months sabbatical when he won a bronze medal in last year's Olympics but he plans to return to work in June before the year is over. This week and next he is recovering at home in Durham, "eating and drinking too much because I've had to be so disciplined for so long."

Other runners

Finishing a mere 1¼ hours after Charlie Spedding was Tom John, a diabetic who collected about £800 in sponsorship money for the British Diabetic Association and the Connaught Stroke Association. It was his second marathon and best time.

He manages a pharmacy in Buckhurst Hill, Essex, for Mike Noblett who also took part and completed the 26 miles 385 yards in 3 hours 48 minutes. Approaching his 42nd birthday, Mike had been training since Christmas and experienced "a real sense of achievement" at completing his first marathon, although the thought of the hours of dedicated training he needs to put in if he takes part next year is "appalling". "It was a lot of fun but the training puts me off!" he told *C&D*. He collected about £1,000 in sponsorship money for a local hospice.

Alan Spinks, a community pharmacist from Great Yarmouth, completed the distance in 3 hours 59 minutes and it was the second time he had run the London Marathon. He found it a "great experience" and collected money in aid of a local CT scanner appeal.

Pharmacologist Dr Mike Starr, a lecturer at London School of Pharmacy, has taken part in all the London Marathons and finished this year with a personal best of 2 hours 43 minutes. Aged 41, he trains all year round and was clocking up 50 miles a week in recent weeks.



Pharmacist Charlie Spedding finishing second in the London Marathon last Sunday with an English best time (Photo courtesy Daily Telegraph).

Two pharmacists who competed in last year's race had to back out this year because they were recovering from recent bouts of flu. One was Richard Tuffin, a community pharmacist from Chelmsford, Essex, who has competed in four previous London events and has a best marathon time of 3 hours 38 minutes. He registered as a pharmacist in 1952.

Also a victim of flu was Mrs Irene Sutch, principal pharmacist, Luton and Dunstable Hospital, who had completed last year in 5 hours 11 minutes. In her mid-fifties, she first took up running about three years ago and was covering 40-50 miles a week as the event drew nearer. Although disappointed at missing this year's race, she has automatic entry for next year.

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Naturally!



After many years as a prescription favourite Labiton is now available in a new OTC pack.

The new 200 ml bottle will be sold exclusively through retail pharmacies and has been designed to brighten your shelves and to empty them quickly!

The Labiton Kola and Vitamin formula is tried and trusted and

pleasant to taste. It contains natural extract of Kola Nuts and caffeine to overcome tiredness and listlessness plus Vitamin B₁ to make up deficiency resulting from recent illness or anorexia.

When your customers buy Labiton Kola Tonic we expect them to come back for more.

Labiton is a trademark

Give depressed profits a tonic

Take advantage of the bonus period to boost profits. Order immediately by returning the FREEPOST coupon.

Orders will receive discount at 14/Doz plus normal wholesale terms. Please order in multiples of 1 Doz

Order as many times as you like until the Bonus period ends 31 July 1985.

Labiton 200 ml trade price 91p retail price £1.57.

Orders received during the bonus period will be supported by attractive in-store display material.

Please tick wholesaler of choice and write in branch

☐ Macarths Ltd

☐ Unichem Ltd

☐ Vestric Ltd/AAH

Please arrange for me to receive the following Labiton bonus order:

_____ dozen (Please fill in quantity)

Name _____

Address _____



Return to LAB Ltd., FREEPOST, 91 Amhurst Park, London N16 5BR.

Once again brand leader in a

Babies are giving up sticky old syrups in favour of new ready-to-drink fruit juices.

Pure Juices for Babies were launched last year and within six months became sterling brand leader* in the baby juice market.



Now we're outselling our nearest competitor by 65%.*

Of course, this kind of situation is no novelty to us. (Remember our successful babymeals relaunch in 1983?)

In our business, we make it our business to know exactly what mothers want:

No added sugar. No artificial colouring, flavouring or preservatives.

A choice of natural fruit varieties. Vitamin C.

So that's exactly what we've given them.

All they have to do is attach a collar and teat and Pure Juices for Babies are ready to feed.

**Cow
& Gate**

All you have to do is put them on your shelves

The Babyfeeding Specialists. and they're ready to sell.

FOR MORE INFORMATION WRITE TO COW & GATE LTD, TROWBRIDGE, WILTS BA14 BYX

*INDEPENDENT MARKET AUDIT LATEST 20 WEEKS.



ow & Gate are growing market.



POND'S COCOA BUTTER...



...£2,000,000 SUPPORT

- * £1,300,000 National TV advertising starts on May 6th.
- * £200,000 National Poster Campaign and £200,000 Women's press advertising.
- * POND'S Creme bath samples will be carried by POND'S Cream and Cocoa Butter and 35p POND'S Sun Tan Lotion Coupons will appear in one million holiday brochures. Stock-up now for summer sales.

POND'S is a registered trademark of Chesebrough-Pond's Limited



Chesebrough Pond's Ltd.
Skin Care Business Builders.

£5m behind 'from Clairol' banner in '85

Bristol-Myers are putting £5m television advertising behind the Clairol name in 1985. "In fact, there's only two weeks between February and December when there won't be Clairol advertising on television," says group product manager Steve Newiss.

A "from Clairol" endorsement is to be featured on all the advertising. Research has shown that the Clairol name is looked on as a guarantee of quality, says Mr Newiss.

Glints is being specifically targetted at the young party-goer, with commercials appearing in two ten-weekend bursts,

running in most television areas almost continuously until November. Each commercial features two or three shades and the whole range will be covered.

Nice 'n' Easy will be supported by £1.2m in 1985. A first burst is running nationally until the end of May with a second planned late 85. "When Nice 'n' easy was on television last year, sales in the independent pharmacy sector jumped by 18 per cent", says Mr Newiss.

In the home highlighting sector, there is real growth due to product innovation, says Mr Newiss, with sales up 25 to 30 per cent on last year. "Flashlights is the first ever home highlighting kit to be advertised on television. Advertisements appeared in London in February and they will be going out over the rest of the country between May and August."

Later in the year, Clairol appliances will be advertised, also behind the house banner. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks.*

Epilmatic first for Babyliiss

Babyliiss are going on television for the first time, advertising their epilmatic wax hair removal system, launched last September, on Channel 4 in the Central, Granada and Yorkshire regions.

The campaign, with 200, 20-second spots spread over four weeks in May and June, is at the peak selling period for hair removal products, say *Standing & Co (Hull) Ltd, 101 Spring Bank, Hull.*

Sporting Stratos

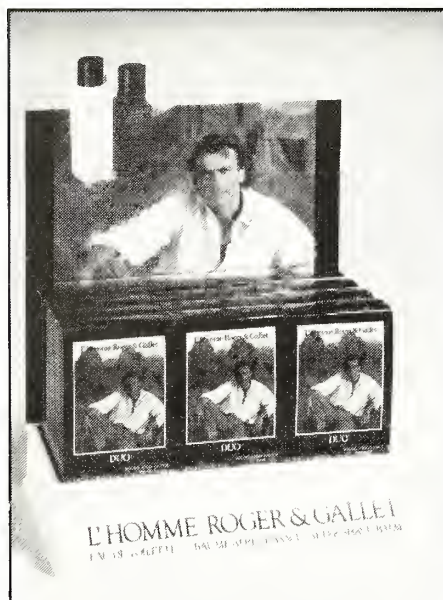
Shulton are introducing Blue Stratos Sport — a range of frequent-use men's toiletries, to be distributed exclusively through Boots.

The range will be available in May and comprises deodorant stick (40g, £1.55), frequent-use shampoo (150ml, £1.55), shower gel (150ml, £1.55), deodorant talc (100g, £1.55) and sport spray (35ml, £2.55) which can be used as a body spray or aftershave.

Products will be packaged in white unbreakable packs with red and yellow stripes and will be sold alongside the existing Blue Stratos range. *Shulton (GB) Ltd, Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.*

Cosmair Ltd are now handling the marketing and distribution of the Michael John range of hair care products. *Cosmair Ltd, International Business Centre, 90 Glasshouse St, London W1R 5RL.*

Chemist & Druggist 27 April 1985



Roger & Gallet's L'Homme duo (£7.95) represents a saving to the consumer of over £7 on the cost of the individual products. It comprises a 75ml eau de toilette and 75ml after shave balm. *Bergal Ltd, PO Box 209, 3 Rhodes Way, Watford, Herts*

Linco Beer push

Carter Wallace are supporting Linco Beer with a £1.2m national television campaign.

A twin sachet (£0.19) of Linco Beer is currently available. And an on pack offer gives the consumer two 75ml bottles of shampoo (£1.19) for the price of one. *Carter Wallace Ltd, Wear Bay Road, Folkstone, Kent.*

Beecham get it tagged

Beecham Animal Health have added three products to their range.

Ridect fly tags for cattle (6 x 20, £162 trade) are non-pyrethroid tags which provide 20 weeks protection. The product is classified PML. Promotional offers are available on bulk purchases.

Ridect fly bait (6 x 400g, £24.41) is a combination of a fast acting insecticide and a fly sex attractant incorporated into a natural food source. It can be used for controlling flies in and around buildings, say Beecham.

Equivite fly bands (10, £39.08) are designed for horses and ponies. One brand works for four months. Counter display racks are available free for the product. *Beecham Animal Health, Broadmead Lane, Keynsham, Nr Bristol, Avon BS18 1ST.*

Chefaro brings colour to Predictor

Chefaro Proprietaries are spending £220,000 on supporting Predictor Colour.

A women's Press campaign using publications such as *Living*, *Cosmopolitan* and *Company* continues through to November. An advertising campaign on London's Underground will run until the end of May carrying the message "30 minutes is all you need". *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH.*



June Barrit MPS of Chanterlands Avenue, Hull is presented with a weekend in Paris for two plus £250 spending money by Mr David Walker, sales manager of Bleasdale Ltd. Miss Barrit won the pharmacy prize in a recent Numark shoppers competition organised by Independent Chemists Marketing Ltd

Crookes Press on with Nurofen

Crookes are promoting Nurofen over the Summer with a combined Press and local radio advertising campaign with a spend of £400,000. From May to mid-Autumn, advertisements will appear in high circulation women's magazines such as *Woman*, *Woman's Own*, *Cosmopolitan*, *Company* and *Honey*.

The target audience is women aged 16-34 suffering from period pain, and reflects the increasing competition in the sector with the recent launch of ibuprofen brands from ICC and Ciba, specifically for dysmenorrhoea.

Television advertising for the brand is also restarting, with a spend of £500,000. The campaign, "For the gentle relief of locked-in pain" will be seen in all regions from mid-April through to the end of May.

Nurofen is now claimed to be number three brand in the £75m analgesic market. The major use is for headache (49 per cent of users), but Crookes say 16 per cent of users take it for period pain.

Sales of the 48 pack, introduced last Autumn, are particularly buoyant, says the company, proving the brand is no longer "on trial". Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham.

Gem haircare gets final touch

Richards & Appleby are to complete their Gem haircare range with the introduction of a frequent wash shampoo (75ml, £0.65) and conditioner (75ml, £0.75), both with added silk for body and shine.

The conditioner and gel shampoo are suitable for all hair types and come in white tubes contained in an open fronted POS box. They are available in



shrinkwrapped outers of six units. Richards & Appleby Ltd, Gerard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SU.

Brulidine has spring in the step



May & Baker's pharmacy-only Brulidine is to receive extra trade support between now and the end of June.

POS material will be available and will include shelf talkers and ballpoint pen-on-a-rope.

Pharmacy assistants will have the opportunity to win Swatch watches, in a competition, based on the Brulidine pack. The competition will be featured in May & Baker's OTC newsletter *Newsbreak*. May & Baker Ltd, Dagenham, Essex RM10 7XS.

Today £100,000 OTC launch

A £100,000 women's Press advertising campaign will back the Today range sponge when it becomes available OTC in May.

Full page, full colour advertisements in national women's magazines will be running from July for a nine-month period. They will carry details of a consumer advisory service where women can obtain information about this method of contraception. *Family Planning Sales Ltd*, 28 Kelbourne Road, Cowley, Oxford.

Poppola pops back again

Harmony Foods are relaunching Whole Earth Poppola savoury popcorn (28g, £0.35), introduced mid-1984.

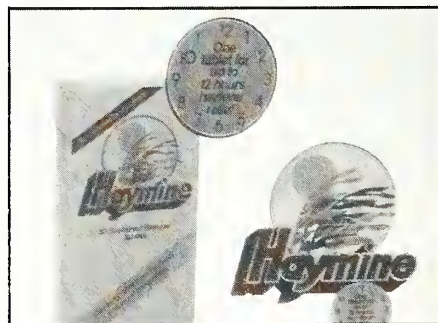
"The initial reaction to Poppola was favourable but production problems arose which led to sales stagnating," says the company.

The new popcorn has a "crisper, crunchier texture" with a reduced onion content and increased cheese flavour, "making it much more sociable", say Harmony Foods. Special deals will be available through wholesalers at the end of May.

A new "no salt or sugar added" peanut butter (11oz, £0.84) has also been launched, available in both crunchy and fine texture. A nutritional analysis appears on the label.

"Independent research revealed that one in ten peanut butter purchasers would buy a no-salt variety if available", say Harmony Foods Ltd, Unit D, Western Trading Estate, Park Royal Road, London NW10.

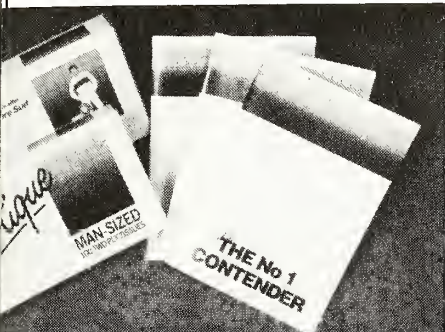
Haymine clocks up POS support



Pharma are introducing new display material for Haymine, re-inforcing the message spelt out by their first television campaign.

A sky blue clock face with the sun travelling around the twelve hours reminds hay fever sufferers that Haymine lasts around the clock. It appears on a self-adhesive window sticker and a 16in high Haymine "packet" for window displays.

A counter dispenser which offers the free leaflet "Learning to live with hay fever" at the front, is still available. Display material and leaflets are available from distributors Chemist Brokers or direct from *Pharmax Healthcare Ltd*, Bourne Road, Bexley, Kent DA5 1NX.



Mansize launch with unisex look

Manufacturer of own-label paper products, Fort Sterling, are introducing Sportique mansize tissues.

Sportique two-ply white tissues are available in boxes of 100 and have a suggested retail price of £0.65.

The sporty, unisex image of the packaging will be supported with an on-pack offer featuring an Umbro leisure suit. The suit which has a rrp of £27.50 is available to consumers who send in three proofs of purchase and a cheque for £14.99. Advertising is promised for later in the year say *Fort Sterling Ltd, Mansell Way, Horwich, Bolton BL6 6JC*.

Brush with TV

Stafford Miller are supporting Sensodyne toothbrushes with a £1m national television campaign throughout June.

Pre-television bonus deals and free display stands are available from *Stafford Miller, Stafford Miller House, The Common, Hatfield, Herts AL10 0NZ*.

Galenco sport women's range

Galenco have launched a range of sporting products for women.

Sporting shower gel (250ml, £0.99) is a body and hair wash which comes in a lightweight plastic bottle with a non-drip cap. An introductory promotion offers the shower gel with 20 per cent extra free (300ml).

To complement the gel, there is a light deodorising talc (£0.79). Both products

are available in an amber fragrance.

"The men's sports range containing shower gel and talc has been very successful, and with women's interest in sport growing, there is a need for products like this," say, *Galenco Cosmetics (UK) Ltd, 6 The Broadway, Thatchum, Newbury, Berks*.

Bunnykins for baby smocks

A range of baby products with Royal Doulton Bunnykins motifs have been introduced by ACS Designs.

Feeder smocks are available in sizes one year, 18 months and two to four years, starting at a rsp of £4.50 for the smallest size. Sponge (rsp £1.50) and general purpose bags (rsp £2.20) complete the range. All items come in pink or pale blue acrylic-coated nylon in a choice of four motifs, and are lightweight and waterproof, say *ACS Designs, 7 Ashby Road, Northchurch, Berkhamstead, Herts*.

New
to the UK

NUK

The natural shape for feeding

POST THE COUPON FOR DETAILS TODAY

NUK teats are a little unusual. And for the best reasons in the world.

The shape of the NUK teat is the shape of a mother's nipple when it's inside the baby's mouth during breast feeding. NUK is the only teat to promote the same natural suckling action as breast feeding.

No other teat comes close.

Which is why, in the age of 'breast is best', NUK soothers and teats for bottles are a worldwide sales success.

Now comes your sales opportunity. The unique NUK teat is being heavily promoted to medical recommenders and mothers-to-be.

Soon customers will be asking you for NUK teats by name. And once you've tasted success with NUK teats, you'll be even more interested in the extra profits you can make from our complete Babycare range.

The new angle on teat sales

To: Baby Orthodontic Products Ltd, 24 Weymouth Street, London W1N 3FA Tel: 01 486-3063

- ☐ Full details of the NUK Range
☐ Visit from my NUK Representative

Please arrange for me to receive the following (tick box):
Name:

Address:

Telephone No:

It's easy to see why most women prefer Discover 2.

Discover 2's two identical tests have made it the most popular pregnancy test on the market.

According to recent independent data Discover 2 accounts for around 50% of all pregnancy test sales,

making it the clear brand leader.

The fact that Discover 2 can be used sooner than any other pregnancy test, is a major reason why so many women prefer it.

They can check for pregnancy on

It's easy to see why most women prefer Discover 2.

one day after a missed period.

And after performing the simple test, they'll get a clear and easily understood result in less than one hour.

All of which means that if you're

stocking a pregnancy test, you'd better make double sure you stock the brand leader.

Discover 2



Roc broaden Keops range

Roc are introducing the Keops men's range in a variant suitable for normal skins to stand alongside the existing one for easily irritated skin.

Products feature a light fresh fragrance and comprise pre-electric shaving gel (50ml, £5.45), shaving foam (200ml, £5.65), shaving cream (100ml, £4.10), brushless shaving cream (100ml, £3.45) and moisturising after-shave balm (50ml, £5.45).

The hypo-allergenic Keops range has been repackaged in white to contrast with the black livery of the new variant. Within this range are pre-electric shaving lotion (125ml, £6.90), soap-free shaving foam (200ml, £5.65), shaving cream (100ml, £4.10), brushless shaving cream (100ml, £3.45), aftershave gel (50ml, £4.45) and aftershave lotion (150ml, £5.45). All the products are free of perfume and other common allergens, say Roc.

Also featured in the white hypo-allergenic presentation are anti-perspirant deodorant (100ml, £5.25), roll-on deodorant (30ml, £4.35) and deodorant stick (30g, £4.35). *Roc Laboratories UK Ltd, Avis Way, Newhaven, Sussex BN9 0JX.*

Sanatogen takes to the air

White Ways are supporting Sanatogen with a £200,000 radio campaign.

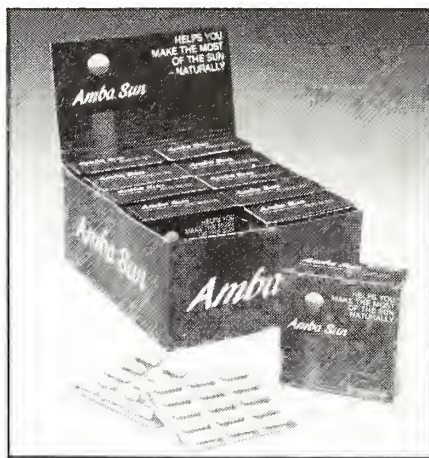
All independent local radio stations are broadcasting the commercial three times a day on three consecutive days of the week until mid-May.

Local radio continues as the main medium for the campaign because it allows for frequency of message. "This is important," says brand manager Lindsey Duncan, "because, as the least seasonal vitamin brand, Sanatogen sells well all year round and benefits from continuous use of the media." *Whiteways of Whimble Ltd, Whimble, Nr Exeter, Devon EX5 2QJ.*

In a tangle?

Addis are introducing the Slim-quill brush (£1.75) into their hairdresser range.

The narrow diameter brush has alternating rows of long and short quills to minimise tangling. *Addis Ltd, Brushworks, Hertford SG13 7HL.*



Amba Sun rises for Alteredmed

Alteredmed are launching Amba Sun — an oral carotenoid product that dyes the skin to give a "tan" without sunlight. Amba Sun capsules (60, £10.98) contain beta carotene 10mg and canthaxanthin 15mg. A 12-pack counter display is available.

The launch is being supported with a free holiday competition with a first prize of a one-week holiday for two to the value of £500. Holiday vouchers worth £25 are also being included in each pack.

Special bonuses are being offered by representatives of distributors *Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD.*



Labiton Kola tonic is available in a new OTC pack. The 200ml bottle (£1.57) will be sold exclusively through retail pharmacies. Labiton has previously built up its reputation as a prescription product. It contains natural extract of kola nuts and caffeine plus Vitamin B. The launch of Labiton is supported by a bonus offer and free display material. Orders placed before July 31 will receive discount of 14 per dozen. *Laboratories for Applied Biology Ltd, 91 Amhurst Park, London N16 5DR*

Seasonal colours from Max Factor

Max Factor are introducing two new colour schemes into the Colorfast range for Summer.

New colours include a basic palette of soft neutrals from sandy beige to smokey grey plus white and navy for day wear and lustrous metallics for evening wear. Products featuring the new colours are powder eyeshadow, creme eyeshadow, eye colour wand, waterproof mascara and liquid eyeliner.

The range features a new product — long lasting waterproof creme eyeshadow (£2.95). "The rich, creamy formula with its own sponge tipped applicator is waterproof, smudge and crease resistant," says the company. It can be used on its own or as a base for powder eyeshadow.

The new colours and product will be available on-shelf from June. *Max Factor Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth, BH11 8PL.*

On the war path

War Paint is the name of the latest collection of colours which Mary Quant are introducing for Summer.

New brilliant shades include fearless fuchsia, tropical pink and wild yellow. Products featuring the new colours include eye gloss, colourshine, nail polish and action lash mascara. They will be available on shelf from mid-May. *Gala Cosmetics & Fragrances Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth KT6 7LU.*

Sweet Nothings

Maxi's Sweet Nothings collection of colours for Summer has been designed to complement the season's sheer, delicate fabrics.

Shades such as peach melba, sugar pink and raspberry fool features in creme blusher, moist lipstick and lash mascara. *Max Factor Ltd, PO Box 3, Frances Avenue, West Howe, Bournemouth.*

Shelling out

Maybelline's Shell collection for Summer features new luminescent shades for moisture whip lip gloss (£1.40) and manicure nail enamel (£1.35). *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*

It seems some people haven't heard of Dulcolax.



But they will, they will.

The best known laxatives tend to be the older ones. With the joke about sudden fear relieving constipation being perhaps the best known of all.

We are pleased to say that this sorry state of affairs is about to change.

For now that Dulcolax will be sold entirely 'over the counter,' we can support it with advertising. We are therefore mounting a heavyweight national press and magazine

campaign to tell sufferers about this thoroughly modern and effective remedy which is available directly from Pharmacies.

In line with this development we have re-designed the Dulcolax packs and produced some stylish dispensers. And we're offering you generous bonuses as well as improved profits. So be sure to stock and display Dulcolax and gain some more regular customers.



SEE YOUR WINDSOR PHARMACEUTICALS REPRESENTATIVE OR CONTACT WINDSOR PHARMACEUTICALS LIMITED, ELLESFIELD AVENUE, BRACKNELL, BERKS. RG12 4YS. TELEPHONE: 0344 50222. A BOEHRINGER INGELHEIM COMPANY.



Lemon taste for Lypsysl

Ciba Consumer pharmaceuticals are in May introducing lemon lypsysl to sell alongside the original flavour.

Lemon Lypsysl (£0.51) will be packaged in the same size tube as the original and presented in a counter unit containing 36 tubes. "Greatest shelf impact and sales will be achieved by displaying both flavours alongside each other," says the company.

To support the launch of lemon lypsysl a consumer competition entitled "The far horizons balloon race" is being launched. Prizes include an East African safari featuring a balloon trip over a game reserve. A header card and consumer leaflets are available.

A "Lemon Lypsysl high life" competition for pharmacists and counter assistants has as first prize a weekend for two in London at the Ritz hotel with £50 spending money. Other prizes include £250 worth of shopping vouchers. Bonus deals on original and lemon Lypsysl plus full POS material are available from *Ciba Consumer Pharmaceuticals, Wimbleshurst Road, Horsham, West Sussex RH12 4AB*.

TV burst for Kenwood 'fizz'

Kenwood have introduced a fizzy drinks machine called the Kenwood Spring (about £30).

Available in white and dove grey and burgundy and dove grey, the machine has a capacity of holding five, quarter litre drinks. "The technically advanced carbonating chamber produces much fizzier drinks and its efficiency enables the user to make 25 litres from each CO₂ cylinder", says the company.

Television advertising on TV-am will support the campaign from June 24 for six weeks. POS material is available from *Thorn EMI, Kenwood Small Appliances Ltd, New Lane, Havant, Hants PO9 2NH*.

Mid-Optic contact the lens market

Optical wholesalers Mid-Optic are looking to expand their operation into the pharmacy sector. The company claims to stock nearly all ranges of contact lens solutions available in the UK. Accessories are also kept.

The company distributes nationwide, with a minimum order of £10. Singles of most lines can be supplied unless indicated in the price list sent out every two months. There is no carriage charge for orders above three dozen units.

Discounts are offered on a monthly basis. For example if £250 (ex VAT) is spent a month on one or more orders a 10 per cent discount is given.

"We are selling something a lot of pharmacists are having difficulty tracking down," says director Tony Walker. He values the contact lens solution market at £14m a year at rsp, and quotes figures from one manufacturer whose pharmacy sales have increased from 42 per cent in 1981 to 63 per cent a year.

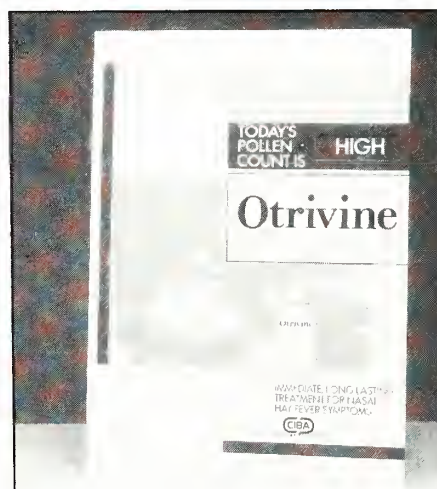
"Opticians put up a lot of barriers," he says, "and patients are finding it increasingly easier to purchase from pharmacies." The company, which holds a wholesalers dealers licence, also offers technical back up with a telephone inquiry service. *Mid-Optic Ltd, Breaston, Derbyshire DE7 3BT (tel 0332 360464)*.

ON TV NEXT WEEK

G Grampian	U Ulster	STV Scotland
B Border	G Granada	Central
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTS Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	BT TV-am	TT Tyne Tees

Askit powders: TVS
Anadin: All areas except A, U
Babyliss epilmatic hair removal system: G, Y, C4(C)

Benylin: Y, LWT, TTV
Bowater Scott's Baby Fresh: Bt
Calgon: TVS, LWT, TTV, A
Chapstick: Y
Cidal: Bt
Hedex range: All areas
Listerine: G, LWT, TTV
Mennen Speedstick: All areas
Nurofen: All areas
Pretty Polly: All areas
Radox bath salts and herbal bath: All areas
Scholl Soft-step sandals: All areas
Simple skin care: C4 (TTV, C, A, TVS)
Sweetex: All areas
Vaseline petroleum jelly: Bt
Vantage own brands: STV, C, HTV, C4, Bt
Wrigley's Freedent: HTV



This window display card is available together with a bonus deal and counter units from the Ciba Consumer Pharmaceuticals sales force. The card features a movable pollen count indicator (from low to high) to help answer the question "Summer cold or hay fever?" Last year Otrivine hay fever formula moved from launch to topical brand leader, claim *Ciba Consumer Pharmaceuticals, Wimbleshurst Road, Horsham, West Sussex RH12 4AB*.

Soft touch?

Richards & Appleby are introducing an enriched hand and nail cream called Nailoid Soft Hands (75ml, £1.15). It is being launched at a special price of £0.99.

The cream has a protein enriched formulation containing silicone, say *Richard & Appleby*.

It comes in a white tube featuring the Nailoid butterfly motif. The blue open-fronted, bar-coded carton has product information printed on the back and sides. It is shrink-wrapped in outers of six cartons. *Richard & Appleby, Gerard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SU*.

Sweet option

Two new ranges of confectionary are being launched to the chemist trade by Aim Sales and Marketing.

Manufactured by Chupa Chops, sweets are available in four different flavours to retail at £0.07 per pack. Smints — a mixture of liquorice in a crispy mint coating retail at £0.12 per pack.

Both are packed in transit cartons which can act as display material at POS. Launch deals are available from *Aim Sales and Marketing, Foster House, Maxwell Road, Borehamwood, Herts WD6 1JH*.

*THE ADVERTISEMENT ON THE
PREVIOUS PAGE IS ADDRESSED TO
PHARMACISTS LIKE YOURSELF.*

*WHEREAS THOSE APPEARING ON
THE FOLLOWING THREE PAGES
ARE AIMED AT THE CONSUMER.*

*DESPITE THE DIFFERENT VISUAL
APPROACHES THE MESSAGE
REMAINS THE SAME.*

*DULCOLAX IS A MODERN ANSWER
TO AN AGE OLD PROBLEM.*



Lady Jayne

in the spotlight

Hair-fashions constantly change...Lady Jayne keeps you permanently in touch with the "twists and turns" of to-days hair fashions.



Lady Jayne

Laughton & Sons Ltd.,
Warstock Road, Birmingham.

PRESCRIPTION SPECIALITIES

Bactroban ointment

Manufacturer Beecham Research Laboratories, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD

Description A sterile presentation of mupirocin 2 per cent w/w in a white, translucent, water-soluble, polyethylene glycol base

Further information Topical antibacterial agent, active against those organisms responsible for the majority of skin infections eg *Staphylococcus aureus*, including methicillin-resistant strains, other staphylococci, streptococci. It is also active against Gram-negative organisms such as *Escherichia coli* and *Haemophilus influenzae*

Indications Acute primary bacterial skin infections, eg impetigo and folliculitis

Dosage Applied to the affected area up to three times a day, for up to 10 days. No experience of long term use

Contraindications, warnings etc

Hypersensitivity to Bactroban or other ointments containing polyethylene glycol. Formulation not suitable for ophthalmic or intra-nasal use. Inadequate evidence of safety to recommend use in pregnancy. Care should be taken to avoid the eyes when using on the face. In common with other polyethylene glycol-based ointments, Bactroban should be used with caution if there is evidence of moderate or severe renal impairment

Adverse reactions, side effects Minor local effects such as burning, stinging and itching were seen during clinical trials

Packs 15g tube in sealed carton (£3.45 basic NHS)

Storage Room temperature (below 25°C)

Supply restrictions Prescription only

Issued April 1985

Anthranol from Stiefel for SCT

Stiefel Laboratories are introducing Anthranol — dithranol in an ointment base — for the treatment of psoriasis.

Anthranol comes in three strengths — 0.4 per cent (50g, £3.50), 1 per cent (50g, £4.25) and 2 per cent (50g, £6, all prices basic NHS) dithranol, and is for short contact therapy. SCT, say Stiefel, has been shown to be as effective as long term or overnight therapy with the advantage of being a home treatment.

Anthranol 0.4 per cent replaces Stiefel Lasan, which will not be available after May 10, say Stiefel Laboratories (UK) Ltd,

Holtspur Lane, Woodburn Green, High Wycombe, Bucks HP10 0AU.

Procyclidine from APS

Procyclidine tablets are to be available from Approved Prescription Services from May 1.

The 5mg tablets are white, uncoated with a breakline. They come in packs of 100 (£4.25 trade) and 500 tablets (£19.85). Approved Prescription Services Ltd, Whitcliffe House, Whitcliffe Road, Cleakheaton, West Yorkshire BD19 3BZ.

BRIEFS

Novo insulins: As the two-year changeover period for moving patients to 100iu strength insulin is over Farillon will, from April 30, retain only emergency supplies of 40iu and 80iu strengths of Novo insulins. Pharmacists presented with prescriptions for these strengths should either contact the patient's doctor to advise transfer to 100iu strength or, in an emergency, contact Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ (tel: Ingrebourne (040 23 71136).

Stugeron Forte now tartrazine free: The capsule body of Stugeron Forte no longer contains tartrazine. Instead of being bright red and yellow, the capsule is now bright red and cream, say Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon OX12 0DQ.

A.H. Robins new packs: A.H. Robins have introduced a 30 capsule pack of Allbee with C (£2.29) and 200ml packs of Dimotane Co (£2.28), Dimotane Co paediatric (£2.13), Dimotane expectorant (£2.21) and Dimotapp elixir (£2.28). A.H. Robins Co Ltd, Langhurstwood Road, Horsham, West Sussex RH13 5QP.

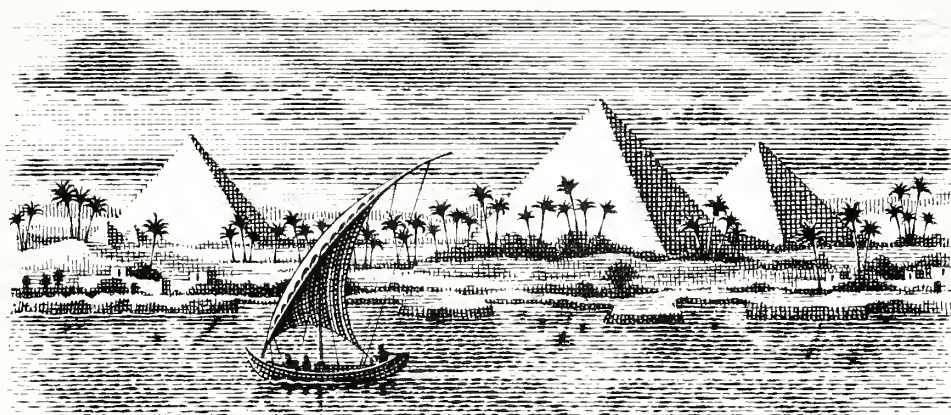
Tamofen in foil: Tamofen tablets are now available in foil strips of 30 tablets (10mg, £8.58 trade; 20mg, £13.47, and 40mg, £25.78) as well as the original polyethylene containers.

Mono-Cedocard 40 tablets, containing 40mg isosorbide mononitrate are now available at £8.90 trade for 60 tablets. Tillotts Laboratories, Unit 24, Henlow Trading Estate, Henlow, Beds SG16 6DS.

Stafoxil in 28 cap packs: Stafoxil capsules are now available in 28 capsule packs in 250mg (£5.18 trade) and 500mg strengths (£10.36). Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey KT14 6RA.

Chemist & Druggist 27 April 1985

CONSTIPATION IS NOTHING NEW



*I*n ancient Egypt, the affliction known today as constipation was rife. On discovering the senna pod, the Egyptians baked it, chewed it, and drank the juice for their relief. Today, however, there's Dulcolax. Just two small tablets work through the night, while you sleep, to bring gentle predictable relief in the morning.

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Major renal diseases and their treatment

In previous articles we have considered the main abnormalities which result from disordered or compromised renal function. We have seen that, in the short-term, electrolyte, pH or osmotic imbalances predominate, with their consequent haemodynamic and neurological effects, and that these are complicated in the long-term, ie in chronic renal failure, by endocrine abnormalities. We have also seen that the management of these abnormalities is primarily symptomatic and supportive, because the renal disorder is usually either self-correcting, or irreversible by the time it is diagnosed. In this article*, the fourth in the series, we will discuss the principal renal diseases which cause these abnormalities: glomerulonephritis, nephrotic syndrome, and renal and urinary tract infections. We shall see that in some cases specific remedies are available.

Glomerulonephritis

Glomerulonephritis (GMN) is a general term describing a variety of disorders involving inflammation of the glomeruli, especially the glomerular basement membrane (see fig 1). The terminology and classification of the various types of nephritis is far from satisfactory. However, in general we can say that there is a disturbance in the crucial semipermeable function of the glomerulus. Normally, large molecules (colloids, notably plasma proteins) are retained, whilst small molecules (crystalloids such as water, sodium, glucose, etc) are allowed to filter through into the tubules. In early or mild GMN it is the first aspect which is disturbed, so that there is *proteinuria* (a loss of protein in the urine). In severe cases there may also be some disturbance of crystalloid filtration too, owing to a fall in the filtration rate (GFR).

It is an as yet unexplained paradox of GMN that while colloids are lost, crystalloids are retained. It would be commonsense to expect that if large molecules are lost then the filter pores must have been grossly enlarged, and there should be an equal or greater loss of crystalloids. For some reason this does not seem to happen, and it could be due in part to our concept of "large pores" being too simple. Possibly the glomerular endothelium normally has a similar net charge to plasma proteins which prevents them passing through. In GMN this charge may be reduced.

The clinical features of GMN reflect the two primary defects. Normally there is less than 100mg of protein lost in the urine each 24 hours, but in GMN it may be up to 4g. In

the nephrotic syndrome it is much more, which results in *hypoproteinaemia* (low plasma protein level). On the other hand, the fall in GFR will cause some degree of renal failure, with *oliguria* (reduced urine output), fluid and electrolyte retention, hypertension and oedema.

All forms of GMN seem to be caused by an immunological abnormality, but there are different grades of severity depending upon the exact mechanism. We will only consider a very general classification based principally on severity.

Acute glomerulonephritis: This least serious form of GMN is commonest in children and young adults. It is the kidney disease which sometimes follows a streptococcal throat infection and is for this reason sometimes known as "post-

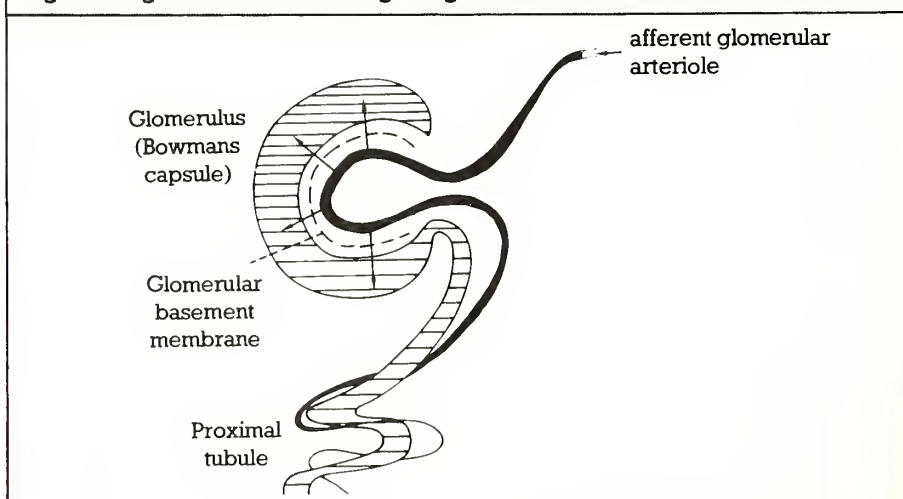
streptococcal nephritis". It is due to streptococcal antigens (toxins). These antigens, which can be detected in the patient's blood (the "ASO titre"), form insoluble antigen-antibody complexes (immune complexes) in the blood, and these seem to become preferentially deposited in the glomerular basement membrane. Here they set off an inflammatory reaction which damages the glomerulus. This type of immune damage is known as Type III hypersensitivity.

In this condition there is usually only mild protein loss, possibly some *haematuria* (blood in the urine) and oliguria. This results in fluid retention and an expansion of the blood volume. Consequently there is a rise in venous return and hence cardiac output, so that there may be some hypertension. Also, the rise in venous pressures will eventually reduce the efficiency of tissue fluid re-absorption in the peripheral capillaries, causing peripheral oedema, eg in the ankles. Nevertheless, the outlook is very good: even without treatment more than three-quarters of patients would recover.

Management consists principally of attending to the fluid and electrolyte balance, often with *sodium and water restriction*, and reducing any hypertension with diuretics. Surprisingly, steroids are of little benefit in this condition. A minority of patients with more severe disease may benefit from *plasma exchange*, whereby the patient's own blood is progressively removed and centrifuged, and the supernatant plasma with its harmful immune complexes is discarded. The cellular components are then injected back into the patient, together with *salt-free albumin* to replace the losses of plasma proteins.

A small minority of patients, less than 1 per cent, develop a rapidly progressive ("subacute") form of the disease, which is

Fig 1: The glomerulus, showing the glomerular basement membrane



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untreatable and often fatal owing to the supervention of ARF. Other patients usually recover completely, though some may have a mild but persistent subclinical proteinuria for many months. However, none require any maintenance therapy.

Subacute and chronic glomerulonephritis: The *subacute* form of GMN seems to be due to an auto-immune mechanism. Auto-antibodies which react against the patient's own (damaged?) glomerular basement membrane are found in the serum. A similar mechanism is responsible for the renal complications of many collagen-vascular diseases, such as systemic lupus erythematosus (SLE). In *Goodpastures disease* the offending antibody also attacks the lung alveoli, with dire pulmonary complications.

The prognosis is poor, with frequent progression to chronic renal failure. Indeed, it is one of the commonest causes of CRF, and dialysis is eventually necessary. Because the primary disorder is extrarenal and persists despite treatment, the same damage would be expected to occur in any transplanted kidney the patient may receive. However, there does seem to be a trend towards viewing transplantation as a more routine procedure than in the past, and so it is being used increasingly in cases where there is an expectation that the transplanted organ will not survive for a long time. Thus, for example, transplantation is being used frequently in diabetic nephropathy and is often considered for subacute GMN.

Chronic ("slowly progressive") GMN can also cause chronic renal failure. Its aetiology and pathogenesis are more obscure than those of the subacute form, but its prognosis and management are similar.

Nephrotic syndrome: This historic name causes much confusion. It is not really a separate entity from GMN, because it almost invariably involves glomerular inflammation and is caused by similar mechanisms.

Indeed, 80 per cent of childhood nephrotic syndrome is due to a progression or complication of GMN. Other causes, particularly in adults, are drug toxicity and the renal complications of diseases such as SLE or rheumatoid arthritis.

What distinguishes nephrotic syndrome is a well recognised triad of clinical features: these are *heavy proteinuria*, clinically *significant hypoproteinaemia* and *severe oedema*. It is most easily thought of as a progression or intensification of the protein-losing problem of GMN, with more than 4g of protein being lost in the urine in 24 hours. The significance of this figure is that this exceeds the capacity of the liver to replace, by extra albumin synthesis, the protein lost. Thus the plasma protein level falls, and with it the plasma oncotic pressure, so that plasma water and electrolytes are lost to the extravascular compartment (see fig 2).

Thus the oedema of nephrotic syndrome is quite different from that in ordinary GMN, where the oedema is simply due to fluid retention. The situation is complicated because the loss of plasma water produces hypovolaemia which compromises cardiovascular function and hence renal perfusion. The JGA/renin system is then activated and more fluid is thus retained, but this also passes rapidly out of the vascular compartment (oedema of severe malnutrition has a similar mechanism.)

This is a much simplified account of the complex inter-play between renal and cardiovascular compensation mechanisms which we have discussed in the recent renal and in the previous cardiovascular articles.

Clinical features and management: The main clinical features of nephrotic syndrome are hypotension and oedema, in addition to the signs and symptoms of whatever the underlying cause of the nephritis may be (eg SLE). The main objectives of management are firstly, the correction of the nitrogen balance and secondly, immunosuppression.

The former is achieved primarily by a *high protein diet*; if the condition is very severe, or the patient too ill to eat, then a *salt-free albumin* infusion may be necessary. At the same time a course of high dose *corticosteroid* therapy is started, (eg 60mg prednisolone daily) with the aim of suppressing the immune damage to the glomerulus. A number of patients, especially those who become "steroid dependent" (ie relapse without maintenance steroid doses) or "steroid resistant", fare better with cytotoxic drugs such as *cyclophosphamide*.

When plasma protein level and blood volume have been restored, and a reasonable urine output regained, diuretics may be given to help clear retained fluid and correct the oedema. It would of course be dangerous to use diuretics at an early stage because this would further reduce the already low blood volume and blood pressure, thus aggravating the fluid retention and setting up a vicious cycle.

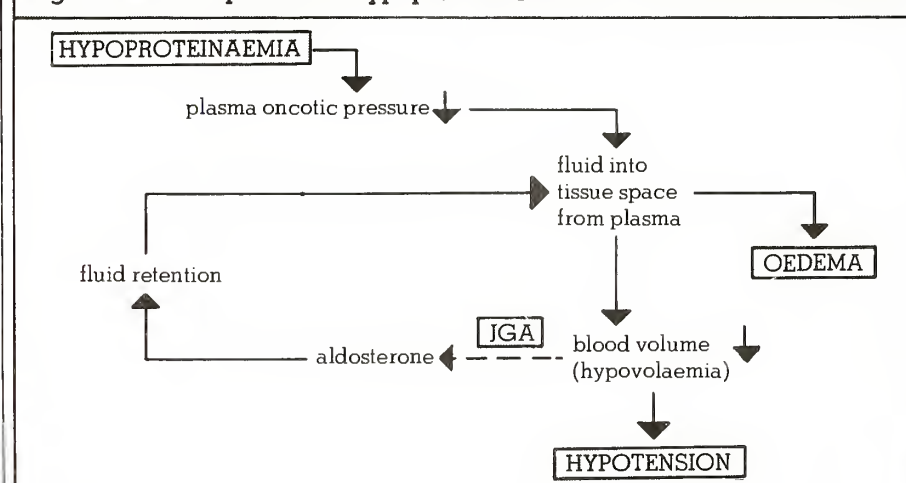
Renal infections

The urinary system in general is prone to infection just like any other organ in the body, but it is important to distinguish between infection of the kidneys themselves, and of the urinary tract (UT), see fig 3. A urinary tract infection (UTI) may be uncomfortable but is inherently less serious than infections of the kidneys themselves and rarely has any systemic features. This is because the urinary tract is a comparatively simple structure, and its function is not seriously impaired by most infections. Furthermore, the consequences of any functional impairment tend to remain localised in the urinary tract. By contrast, kidney infection (*pyelonephritis*) is potentially much more serious, since it may compromise important renal functions and this will have serious consequences for the whole body. Also, it often has systemic features such as fever and vomiting, which are common to diseases of many major organs. Chronic pyelonephritis causes about 20 per cent of CRF cases.

Urinary tract infection: Normal urine is sterile. However, even with the strictest hygiene the perineal area of the external genitalia is populated by a varied skin flora, and there is frequently minor contamination by faecal organisms. Thus the potential for infection of the UT via the urinary meatus (opening) exists, and in fact most UTIs are caused by *E.coli*, which is of faecal origin. Clearly poor hygiene increases this likelihood. Other organisms involved are faecal streptococci, staphylococci and occasionally *Proteus* species.

The risk of actual colonization of the UT seems to be about ten times greater in women than in men, probably for simple

Fig 2: The consequences of hypoproteinaemia



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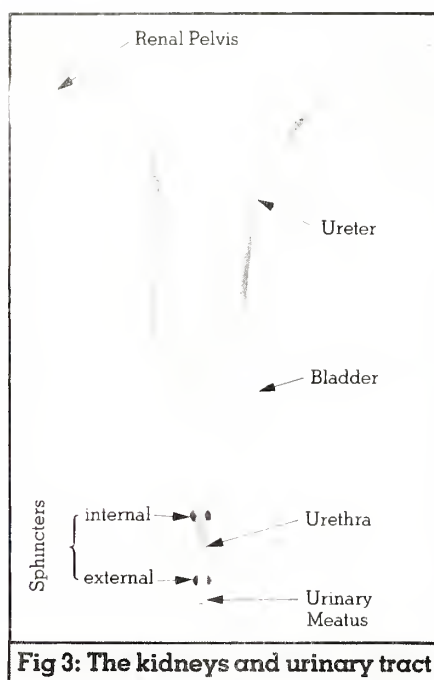


Fig 3: The kidneys and urinary tract

anatomical reasons. The route of infection seem to be rectum/vagina/urethra/bladder. Normally the acidic vaginal secretions tend to prevent any serious colonization, but in some women protective mechanisms seem to be impaired and subsequent urethral contamination can occur, during sexual intercourse for example. Moreover, the short female urethra increases the risk of the infection ascending to the bladder, and so *cystitis* (inflammation of the bladder) is a much commoner complication of *urethritis* (inflammation of the urethra) in women than

in men. Nevertheless, there are many cases where none of these mechanisms seem likely, and the causes are not fully understood.

The aetiology in men is usually different from that in women. Perhaps the commonest cause of urethritis in males is sexually transmitted disease (non-specific, ie non-gonococcal, urethritis), often involving organisms such as *Chlamidia* spp., which cause symptoms less frequently in women than in men. The male urethral meatus is anatomically protected from perineal contamination. In men however, especially the elderly, chronic bacterial prostatitis may occur, giving similar symptoms to cystitis and providing a persistent reservoir of re-infection.

Other causes in either sex include urinary catheterization, which has about a 10 per cent risk of infection, and glycosuria in poorly controlled diabetes, where the glucose content of the urine promotes bacterial growth.

Urinary tract obstruction from a variety of causes will restrict urine flow or prevent bladder emptying, and this will predispose to, or exacerbate infection by allowing

organisms to multiply before becoming flushed out by the normal urine flow. This explains the common advice in UTI to drink plenty of fluids. Such conditions as renal or urinary stones (*nephrolithiasis*, *urolithiasis*), neuromuscular impairment of bladder emptying, congenital defects or a stricture (constricting scar tissue) from a previous infection may be responsible. Certain drugs cause urinary retention as an adverse effect, notably anticholinergics such as "antispasmodics" (eg propantheline) and the tricyclic antidepressants.

Not only may UT obstruction be a prominent feature in the aetiology of recurrent UTI, especially in children, but it is a major factor in determining the frequency of complications such as chronic pyelonephritis. It is thought that a principal cause of this disease is the refluxing of contaminated urine from the bladder up the ureter and into the pelvis of the kidney. Finally, the greater incidence of UTI in pregnancy is probably due to intra-abdominal pressure causing some degree of UT obstruction. Thus a thorough investigation of the UT is needed in patients who do not respond to simple therapy.

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The attempt to unravel the natural history of UTI is further complicated by the fact that many women have persistently non-sterile urine yet may be quite symptomless ("asymptomatic bacteriuria"), whilst in some cases of recurrent urethritis no organism can be isolated from the urine (sometimes called the "urethral syndrome"). Not surprisingly all this has resulted in different recommendations for the management of UTI by different urologists.

Clinical features: The classic symptom of UTI, *dysuria*, is well known: the urethritis causes an exquisitely painful burning sensation on urination, especially if bacterial growth has produced a very acid urine. In cystitis the bladder becomes irritable and needs to be emptied more frequently, causing urinary frequency, urinary urgency and *nocturia* (frequent urination during the night). There may also be suprapubic pain.

In both sexes there may be a mucoid or mucopurulent urethral discharge, and less commonly, gross haematuria, which may be very alarming but is not necessarily sinister. Notably absent are fever, chills, severe loin pain, nausea and vomiting: these are characteristic of the more serious disease,

pyelonephritis.

A careful investigation of the condition, especially if recurrent, will include vaginal swabs in women, and two-stage urine sampling. The *first few mls* collected after cleansing the external genitalia, in both sexes, will show any organisms causing urethritis; this is rather engagingly called a "first catch" sample. The classic "*mid-stream*" sample (MSU) will have originated in the bladder and will show any organisms growing there. In cases where such samples cannot reliably be obtained, particularly in women, suprapubic aspiration may be used; catheterization is always avoided. In males, subsequent prostatic manipulation (in the absence of severe infection, when it might precipitate bacteraemia) will allow subsequent urine samples to demonstrate any prostatic infection — a possible cause of cystitis in men.

Radiological investigation may be indicated in severe, chronic or recurrent urethritis of cystitis, to identify any possible obstruction. If none can be found a diagnosis of chronic bacteriuria or urethral syndrome may be the best that can be made. Even then, opinion will vary as to whether to

undertake long-term low dose prophylactic therapy or to treat each episode with single high dose therapy.

Management of UTI: Because a sterile urine is no guarantee of freedom from symptoms, recommendations on the aims of UTI treatment vary, though the general approach is as for any infection. A careful microbiological investigation will usually reveal which organism is responsible, and an *antimicrobial agent* is chosen to which the organism is sensitive, which reaches the site of infection in adequate concentration by the most suitable route of administration, and which has no more toxicity than is warranted by the severity of the infection and its site. Although local application via catheter and bladder instillation may seem to be the most attractive biopharmaceutically, the procedure itself has a high risk of infection and so is generally avoided.

Fortunately there are many antimicrobial agents to which *E.coli*, the commonest organism responsible, is sensitive, which are not significantly metabolized in the liver and which achieve concentrations well above the relevant minimum inhibitory concentration (MIC) in

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the urine. There is doubtless some systemic effect due to tissue levels of the drugs too, which helps eradicate organisms from folds and pockets within the UT. The *sulphonamides*, the *broad spectrum penicillins* such as *amoxycillin*, the *tetracyclines*, *trimethoprim* and synthetic agents such as *nitrofurantoin* and *nalidixic acid* all fulfil these criteria. Other penicillins are available for the rarer *Pseudomonas* and *Klebsiella* infections.

Recent experience has shown that many cases can be satisfactorily treated with a single dose of an antibiotic, such as 3g *amoxycillin* or 2.88g (6 tablets) of *cotrimoxazole*. However, for recurrent urethritis or chronic bacteriuria with no evidence of obstruction, long-term low dose treatment is still recommended. Often this consists of a single dose given in the evening to encourage a long contact time in the bladder overnight.

Counterprescribing for UTI must include the advice that *recurrent* (more than twice) or *persistent* problems, or *symptoms in children*, need medical referral. With these provisos, a number of traditional remedies may be safely recommended for the isolated acute attack. *E. coli* is often associated with an acid urine, so that *urinary alkalization* with solutions of potassium salts may be effective in relieving symptoms. Some patients may prefer the newer, effervescent preparations. In either case excessive use can cause potentially serious potassium overload, especially in elderly patients with perhaps impaired renal function. Many *hexamine*-based OTC products, such as Hiprex, G500 and Mandelamine, contain acidifying agents or depend on an acid urine in order to activate small concentrations of formaldehyde as an antiseptic. The "British National Formulary" does not recommend these products, and clearly they are incompatible with potassium citrate. *Phenazopyridine* (Pyridium) may also be giving some symptomatic relief.

In all cases counselling should emphasize other measures such as an *increased fluid intake*, which may by itself be adequate if started early enough and, where appropriate, *pre and post-coital micturition*, especially in women. Also in women, *genital hygiene* must be emphasized, and this includes encouraging young girls from an early age to wipe the ano-genital area from front to back after defaecation. Many cases are self-limiting and such advice may be quite sufficient to see a patient through an acute attack. However, the UTI in pregnancy must always be treated, otherwise up to a third of such patients may develop pyelonephritis.

Pyelonephritis: This is a traditional term for inflammation of the kidney, and refers specifically to the renal pelvis (*pyelo-*), the

outflow area adjacent to the origin of the ureter, where all the collecting ducts join up; see fig 3. However, damage is rarely limited to this area and most cases show widespread renal inflammation; in chronic pyelonephritis, scarring occurs throughout the kidney. In both acute and chronic pyelonephritis (APN and CPN) there is a strong suspicion of some degree of urinary tract obstruction or structural defect.

The conventional belief is that any obstruction may facilitate an infection anywhere in the urinary tract, but that a single attack leaves little structural damage or functional impairment. Recurrent infection however, strongly suggests significant obstruction and might be expected eventually to cause extensive renal scarring; such infections must always be vigorously treated. Yet the matter is probably more complicated. For example, obstruction may cause renal scarring in the absence of any infection, since it will produce an increased intrarenal pressure which itself is damaging. Moreover the link between the acute and chronic forms of pyelonephritis is not well established. Finally there is, as we have said, no clear evidence that recurrent urethritis or bacteriuria alone will cause permanent renal damage in the absence of a structural or neuromuscular renal tract abnormality causing reflux.

Acute pyelonephritis: is usually caused by the same range of organisms as urethritis, ie mainly *E. coli*, and sometimes staphylococci, streptococci or *Proteus*. However, the symptoms are more severe and acute than those of urethritis. The patient feels very ill with nausea and vomiting, fever, chills, loin and suprapubic pain. Occasionally there may be no urinary symptoms at all, but more often there is an associated urethritis and cystitis. The treatment involves the same antibiotics as in urethritis. Prompt treatment is essential, especially in children, to prevent any permanent renal damage. The oral route is usually adequate, but full doses for at least 14 days, with microbiological follow-up, are absolutely necessary: resolution of symptoms may occur promptly but is not an adequate end point.

The causes of **chronic pyelonephritis** are obscure. The conventional view is of a recurring or even continuous subclinical infection, but evidence for this cannot always be found. The whole question is much debated. For example, does recurrent covert (asymptomatic) bacteriuria predispose to chronic renal damage? Certainly recurrent APN will lead to a chronic inflammatory damage to the kidney. Although *E. coli* is still a common pathogen, the organisms involved are often the more virulent gram-negative organisms such as *Proteus* or *Pseudomonas*. The kidney damage is usually not restricted to the renal

pelvis, and the more accurate name for the condition now is *chronic tubulo-interstitial nephritis*. In addition to chronic infection, other causes include chronic UT obstruction and analgesic nephropathy. Whatever the cause, CPN is implicated in about 20 per cent of cases of chronic renal failure.

CPN usually follows a recurrent, progressive course, with a steady decline in renal function punctuated by acute inflammatory exacerbations. During these exacerbations the patient may complain of typical nephritic symptoms such as dysuria, loin pain, etc, and there may be proteinuria or pyuria (pus in the urine, making it appear cloudy). Early in the disease renal symptoms may be absent, and the patient may present complaining of simply being unwell or tired. Nevertheless, hypertension or uraemia may be found on examination. General measures on first diagnosis would include a thorough investigation of the UT for any obstruction.

Considerable irreversible renal damage has often been done by this stage, and the only question is how rapid will be the patient's decline, ie how soon will he need dialysis or transplantation. This may yet be several years off, and the strategy in the meantime is to treat vigorously any acute exacerbation with appropriate antimicrobials, usually in maximal doses for at least 14 days. In view of the relative seriousness of the condition and the virulence of the organisms involved, the more toxic *aminoglycosides*, to be given parenterally, are often needed. Once a chronic bacterial pyelonephritis sets in it seems to be extremely difficult to eradicate the organism, and exacerbations tend to be with the same organism as originally isolated, ie relapses rather than re-infections.

In the longer term, regular monitoring of the patient's blood pressure and renal function will be necessary to determine when fluid and dietary management are needed, and subsequently, when dialysis or transplantation become essential. Unfortunately, because of the uncertainty about the aetiology of CPN, the prospect of practical public health recommendations which would reduce its incidence seems unlikely. Perhaps a massive screening programme might increase early detection, but this does not seem a realistic option at present.

In our next article we will review dialysis and renal transplantation, the two principal strategies for the long-term treatment of chronic renal failure.

***By Mr R.J. Greene, department of pharmacy, Chelsea College, University of London, and Dr N.D. Harris.**

The previous article in this series was part 3, and not as stated.

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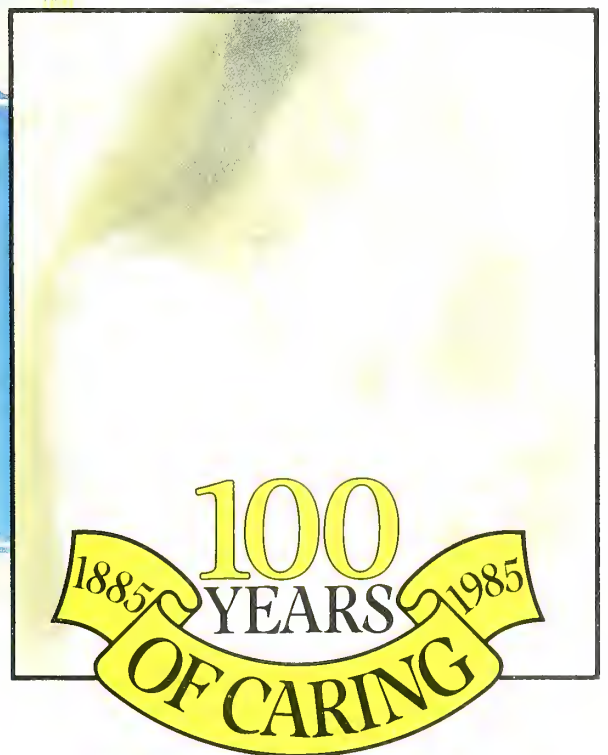
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On the corner of the market square

Frederick Tookey spent most of his working life with galenical manufacturers William Ransom & Son and wrote about joining them in "Extracting the Essence" (*C&D*, June 16, p1166) last year. However, as with most pharmacists of that era, he began his career at the very bottom — as an apprentice.



The 1930's look of Leeds chemist Reynolds & Branson. The picture was taken in 1934.

On March 1, 1930, at 9am, I walked through the door of a chemist's shop and took the first steps on the road to becoming a pharmacist. This was the beginning of a month's trial to see if I was considered suitable — apparently I was, for one month later I signed apprenticeship forms, binding me for four years.

The business was a limited company owned by one family. The managing director, a pharmacist, was the third generation. His grandfather had started the business and his picture could still be found on very old labels.

The shop was in a big industrial town in the North Midlands and the surrounding area had a large farming community. The company was run to cater for the needs of the area, selling products for industry and agriculture, in addition to the usual chemist's lines.

The premises were extensive. The shop was on a corner, with two large windows overlooking the market place. A further window opened onto a side street — the premises ran alongside this for a hundred yards. At the opposite end to the shop was a wholesale department which supplied small shops, farmers and builders over a wide area, and also collieries and quarries with explosives.

The front and rear of the premises were very old, the former having a staircase

window reaching from the ground floor to the eaves. The property was built when there was a tax on each window, thus tax was paid on one window not three. The rooms connecting the two parts were of more recent construction and the shop had been completely modernised. The company also had a small shop on the outskirts of the town.

This was to be my training ground for the next four years and at the end of that time I knew every inch of it.

There were three apprentices. I was the junior and the conditions of the apprenticeship were set out on signing. The hours were 9am to 5pm — these were very good as most apprentices worked full shop hours. Time was to be allowed for study to take Part I of the Qualifying Examination; this was two days a week in term time in the second and third years.

No salary for the first year

The salary scale was laid down for the whole period, first year no salary in lieu of a premium, second year five shillings a week, third year seven shillings and sixpence, fourth year ten shillings, subsequently raised to fifteen shillings. It cost me five shillings a week in bus fares to get to work, so you could say I started my working life insolvent.

The first few days were spent in introductions to the staff and being shown

round the premises to get to know the uses the many rooms and cellars were put to. The staff in the shop consisted of Mr "S", the managing director, another pharmacist, with two girls and the three apprentices, who moved round the premises as needed. In addition, there were four girls who bottled and labelled products of our own manufacture and two men who manufactured, unpacked goods and looked after the stores. All the latter were called upon to serve in the shop if and when required and always on Saturdays. The warehouse had a staff of three men and two van drivers and there was an office staff of three.

The first task assigned to an apprentice was to dust the shop rounds — the white glass-stoppered bottles with their elegant white and gold labels and Latin titles in black lettering, stood on two walls of the shop.

There were five blocks of these bottles and one block of shelves was allocated to each day of the week, Monday to Friday. Dusting and cleaning them was supposed to be of secondary importance. The main purpose was to learn the names, appearance and smell of each item. The stopper of each one had to be removed and the smell noted. I am afraid not all stoppers were removed as dusting meant you were in everyone's way and were not popular, so you dusted and moved on. These bottles were not merely for show, although they always looked attractive, but contained the working stock of the shop — some were rarely called for, others were used regularly.

Customers brought their bottles and came in to buy sixpence worth, or one shillings worth of items such as Sal volatile, Friars Balsam, paregoric, syrup of poppies, syrup of violets, tincture of arnica, camphorated oil and dill water. The customers' bottles usually required new corks and a drawer in the counter contained all sizes of corks. A label was always required and there were two drawers with most of the printed labels. If there was no printed label, then one had to be written. The stock bottles required constant refilling, a job for the apprentice, after the pharmacist had checked them.

These bottles were also used to fill up the dispensary stock bottles, which were just plain. The dispensary was small, being down one side of the shop and screened from view by showcases. There was a bench with a desk at one end, a marble slab at the other end, a dispensing scale and shelves with ingredients above the bench. There was also a set of glass measures, a set of knives, a mortar and a stock of bottles, plain and poison, the former for mixtures with the tablespoonful marks on the back, and cork and label drawers.

continued on p865

DENIM

— After Shave —



BIGGEST BRANDS ✓ **BIGGEST SALES** ✓ **BIGGEST PROFITS** ✓

Denim outgrows denim.

Over the years, the Denim Man has changed. He's become more stylish. And so has Denim.

We've redesigned it, repositioned it and now, we're relaunching it.

This exciting new range of Denim is specially tailored for mass appeal.

It happened in the 70's and it's about to happen again.

We've totally redesigned Denim.

Through extensive research, we've redesigned denim from the inside out.

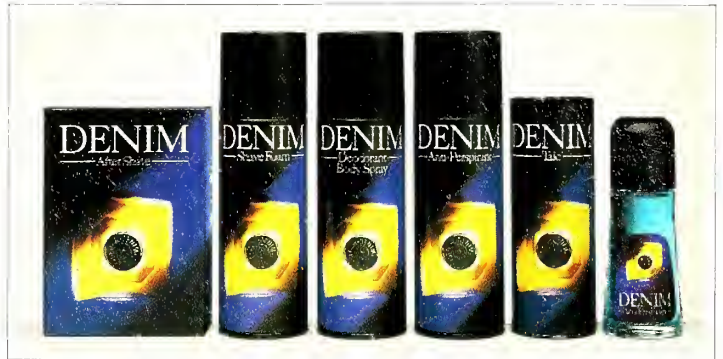
We've given the fragrance a modern, distinctive note so today's man can have a range of toiletries that fits his 80's lifestyle.

And the powerful, new packaging has the kind of impact on the shelf the fragrance has on the body!

Repositioning gives mass market appeal.

This proven range of 6 Denim toiletries offers much better value for money.

Both the range and the price have been streamlined to compete



Aftershave, Roll-on, Anti-Perspirant Aerosol, Bodyspray, Talc and Shave Foam have all been repackaged 80's style.

more effectively, to encourage regular use and offer much wider appeal.

A relaunch with after effects.

Denim's new advertising is as radically different from other aftershave ads as Denim is from other aftershaves.

The TV campaign will stress Denim's 'after effects' and will have immediate appeal with its stylish, modern message.

We're spending a huge \$1.5 million to make sure it has pleasing 'after effects' on sales, too!

Order plenty of the new Denim range and watch your profits take on a new image.



FROM THE BIGGEST NAME IN TOILETRIES. **ELIDA GIBBS** ✓

"When I get a cold sore all I want to do is hide my face"



Last year, 15,000,000 attacks of cold sores were suffered. 500,000¹ of them were so severe, or so embarrassing, that patients sought treatment from their doctor.

Now, there is Zovirax Cream, an important achievement of Wellcome antiviral research.

Fiddian *et al.*² found that treatment with Zovirax Cream achieved impressive results.

When treatment was begun before lesions developed, 42% of lesions were suppressed, compared to only 11% with placebo ($P=0.04$).

For the best results, treatment with Zovirax Cream should begin as soon as possible during an attack, preferably during the prodrome, so that the

"... proportion of lesions effectively aborting may be increased to a third or more."²

With early treatment, the cold sores may not show their face.

¹Data on file

²Fiddian, A.P. *et al.* (1983), *British Medical Journal*, 286, 1699

At the first sign of a cold sore

ZOVIRAX CREAM

ACYCLOVIR

Prescribing Information: Zovirax Cream

Presentation

Acyclovir 5% w/w in a white aqueous cream base.

Uses

Treatment of herpes simplex infections of the skin including initial and recurrent genital herpes and herpes labialis.

Dosage and Administration

Zovirax Cream is applied five times daily at approximately four-hourly intervals. Treatment should be continued for

5 days. If healing is not complete, treatment may be continued for a further 5 days. **Therapy should begin as early as possible after the start of an infection, preferably during the prodromal period.**

Contra-indications

Patients known to be hypersensitive to acyclovir or propylene glycol.

Warnings and adverse effects

Transient burning or stinging following application may

occur. Erythema or mild drying and flaking of the skin have been reported in a small proportion of patients.

Basic NHS cost

2g tube £4.86 10g tube £14.66

Product Licence No. PL3/0180.

POM

Further information is available on request.

Wellcome Medical Division

The Wellcome Foundation Ltd, Crewe, Cheshire

Zovirax is a



The dispensing volume was heavy for both private and "insurance," a large percentage of which was mixtures in 8fl oz bottles. Bottles were all corked, labelled and wrapped — private prescriptions in white demi, insurance ones in cheap blue paper, but all sealed with sealing wax. Each private prescription was numbered and entered in the prescription book which went back many years.

The art of dispensing was taught to the apprentices over the years, and as we became more senior, we did more and more. We had to make suppositories, cachets, capsules, ointments, emulsions and even on occasions spread a plaster, a very difficult task. Sometimes silver or gold-coated pills were called for. The pill mass had to be made, rolled out and cut on the pill machine, then rounded. The gold or silver leaf was put in the pill box and they were rolled round and round in it, until finally they came out evenly silver or gold coated. A prescription of this nature took a lot of time and patience to execute and was not one you wanted to see too often.

Apart from the dispensary, the shop had one long counter with glass show cases on top. Mr S had a desk at one end at which he sat when not serving and kept his eyes on everything. The till was in the centre of the counter and there were more show cases at the rear of the shop. Behind the counter were the rows of small drawers, some with gold labels on giving the contents, others not labelled. The top rows contained patent medicines, bottles of tablets, every

conceivable item, while lower down there were loose powders, flowers of sulphur, borax, bicarbonate of soda, linseed, pearl barley and others, all sold loose. There was even a drawer containing gunpowder which farmers bought to blow up tree stumps. The bottom drawers were larger and contained such things as loofahs and sponges.

The rooms behind the shop were used as workrooms and storerooms. Those over the shop contained proprietary brand goods, cosmetics, perfumes, hair brushes and the like, while the attics stored bedpans and commodes. There were two large rooms both used as workrooms and for storage.

The factory behind the shop

The girls worked at one end packing all the products made on the premises — these were stored at the other end of the rooms. The heating was by means of a coal fire near which the girls sat. On certain items packed — influenza mixture was one — a medicine duty had to be paid. Stamps were obtained from the Post Office and were attached over the cork. If my memory serves me correctly, it was 3d on bottles priced at 1/6 and 6d on 3/- bottles. The duty was abolished about 1932 I think, certainly long before my apprenticeship ended.

The manufacturing was done in one of these rooms. Cough mixtures, influenza mixtures, liniments, emulsions, and ointments were all made by the apprentices.

As you walked towards the warehouse there were more rooms with stocks of paint,

varnishes, bulk powders and herbs. Then there were the cellars: one stored wines as we had a wine licence, another vaccines, a third Halls distemper. Older readers will remember the advertisement for this with two men holding a plank. This used to stand beside the railway lines. There was a bottle store and bottle wash and finally an oil cellar with drums of linseed oil, boiled oil, whale oil, rape oil, paraffin, white spirit and turpentine.

Stocks were large because the shop, branch shop and warehouse drew on them and stock keeping was quite a problem. Our supplies came from many well-known firms — Evan Son Lescher & Webb, Harker Stag & Morgan, Potter & Clarke, William Ransom & Son, S Maw & Son, Ayrton Saunders, Richard Daniel & Son, Ucal, to mention only a few.

To return to my early days at work, I remember the company had a contract to supply the maternity hospital with various items and it was the junior apprentice's job to call twice a week to collect the order. (Why it could not have been telephoned I never knew, but it was a nice walk.) The first time I was sent, I had to ask my way as I did not know exactly where it was. I inquired of a man passing. He looked at me and said "By Jove lad, you're starting young", but he directed me. My youth probably accounted for some of the strange looks I was given when waiting for the order outside Matron's office.

Two other mornings a week, I was sent to

continued on p868



PROOF FIVE IN DOE

The Cream Silk range is No. 1 in the conditioner market.* And we're going stay that way with a massive £2.3m advertising spend this year.

That makes us the market's largest spenders! What else would you expect from the market's biggest brand?

BIGGEST BRANDS ✓

BIGGEST SALES ✓

BIGGEST PROFITS



THAT TO ONE S GO.

And with national TV and women's press throughout the year, sales will continue.

So make sure you stock each of these five formulations. They all go into No. 1 with nothing left over – except the profits.

*Source: AGB Independent Research.

FROM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS



the branch shop to learn how that was run. My bus fare of twopence was taken from the till but if it was a nice morning I walked. Fourpence a week on a salary of nothing was riches. This shop did more dispensing than the town shop as it was near to a doctor's surgery — mostly insurance prescriptions — but there was not the bustle of the town shop.

For the first few months, the junior apprentice was not allowed to serve customers, but at busy times, particularly on Saturdays, he had to stand at the rear of the shop and run errands for Mr S. Woe betide you if you were slow or failed to find what his customer wanted.

It was a relief when you could serve your own customers and life became much more interesting. There was such a variety of things you could be asked for. A customer could ask for pharmaceutical items, cough mixtures, indigestion mixtures, a prescription or could come to consult Mr S for some minor ailment — he had a reputation for counterprescribing. Then again, it might be for a leech. We stocked leeches and they were kept in a glass jar in water — the junior apprentice was supposed to change this once a week. Someone would come in with a swollen black eye and want a leech applied. Mr S would oblige. He dropped one down a person's neck one day which caused a stir.

Someone could come in to be fitted for a truss. Then at the other end of the scale someone would bring a scrapping of paint to be matched for colour or a piece of material and ask for a dye to match it. The variations were endless.

Saturdays were very busy. The shop was full from 8.30am until 9pm when it closed — everyone on the staff served. It was market day and people came in from all around. In the afternoon, a number of children would come in, sent by their families for one or more of three things — a few pennyworth of Godfrey's Cordial, given to babies to make them sleep so the parents could go out in the evening, or sixpence worth of perfume for mother or sister's evening out. Perfumes were sold loose — parma violet, lily of the valley, rose and others. The kids brought old perfume bottles to be refilled — a difficult job if they had sprinkler necks. The third item they came for was much more mundane: threepenny worth of parazone for mother's Monday wash. This was the most hated request of all. It was difficult to pour from the stock bottle and a splash on your clothes led to a yellow mark and eventually a hole. One did one's best to avoid these customers.

Delivering the explosives

A very unusual job we apprentices had from time to time was helping to deliver explosives. The company supplied explosives to collieries, mines and quarries. It was the law that two men had to accompany each delivery. If one driver was on holiday or ill, then an apprentice was sent. I always enjoyed these outings. The explosives were collected from the company's magazine about four miles out of town and the detonators from another. Deliveries to pits were usually to the pit yard,

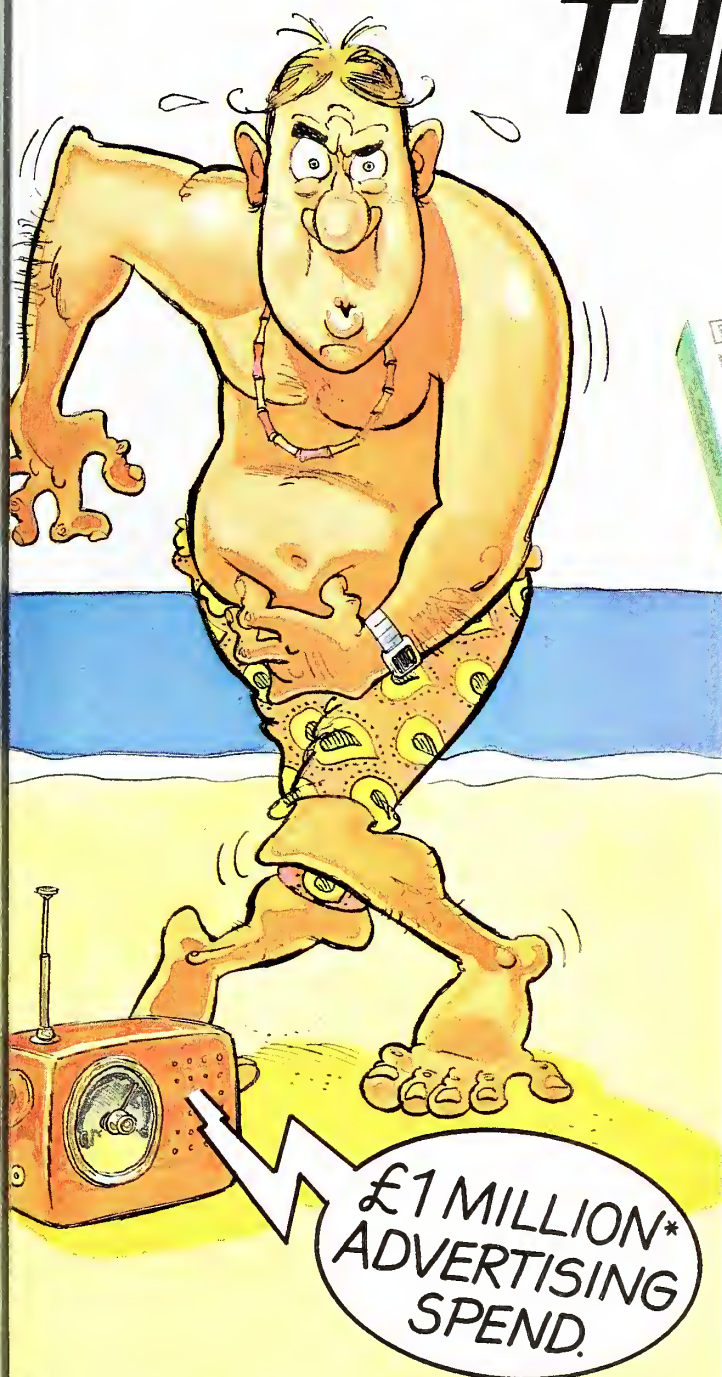
but those to quarries were to magazines built out in the fields and it often meant climbing a stonewall or two with fifty pounds of dynamite on your shoulder. If you were out all day, you drew 1/6 lunch money — very useful on an apprentice's salary.

The senior apprentice spent a great proportion of his time window-dressing, along with Mr S, who was very proud of his displays. The two large windows were seasonally dressed, one in Summer with holiday requisites and medicines, and one in Winter with cough, cold, influenza and Winter remedies. In Spring and Autumn, there were big displays of paint and cleaning materials. The smaller windows were reserved for special promotions and photographic items. At Christmas we really excelled with displays of presents, perfumes, coffrets, cosmetics, fancy soaps, the lot, while the other large window had a display of wines. A large quantity of cheap Spanish wine was bought for the Christmas trade.

The four years came to an end at last and one looked forward to qualifying. Before going to university I had a few months to wait so I stayed on and my salary rose to £2 5s 0d a week.

We certainly gained a very wide experience which stood us in good stead in later life, but you cannot avoid the suspicion that we were a source of very cheap labour. However, that method of training pharmacists has long gone and so have the premises described above. They disappeared in a town redevelopment scheme and today a Boots shop stands on the site. I wonder what Mr S would think?

DON'T GET CAUGHT OUT THIS SUMMER.



STOPS DIARRHOEA FAST

Whatever your customers may call it – diarrhoea or 'holiday tummy' is no laughing matter, particularly when it ruins the holiday they have been looking forward to all year.

Sufferers need something that is not only effective and safe, but more importantly fast-acting to allow them to go on enjoying their holiday.

NEW PRESENTATION OF LOPERAMIDE

Now you have the answer. Arret.

Arret offers *your* customers a proven, fast-acting convenient remedy.

Arret offers *you* a fast-moving consumer medicine available *only* through pharmacies.

£1 MILLION*
ADVERTISING
SPEND.

- Advertising in National Dailies, Womens Journals.
- Advertising on Independent Local Radio Stations (South and South East).
- Advertising on Regional Television (Central).
- Distribution Competition – linked to orders of Arret – £5,000 worth of cameras to be won.
- Introductory bonus offer providing attractive profit on return.

DON'T GET CAUGHT OUT BY DEMAND FOR ARRET THIS SUMMER. ASK YOUR JANSSEN REPRESENTATIVE OR TELEPHONE THE NUMBER BELOW AND ASK FOR THE "ARRET HOTLINE".

☎ 02357 2966

Janssen Pharmaceutical Ltd, Grove, Oxford OX12 0DQ
Arret is a Trademark

*National equivalent





New Super From now on all nappies are

*A new contoured shape means
you'll be more comfortably off.*

*A unique absorbent waistband
to stop profits leaking away.*

*Reusable tapes ensure
you'll never come unstuck.*



It's not often you get the chance to stock a new product that's already actually proved itself in a major competitive market - France.

New Super Snugglers give you this opportunity. Its state of the art design has already helped make

Colgate the French market leader.

Against the very competition you will face on your shelves over here.

It's the first nappy made to help eliminate leaking, not only from the

Snugglers. Other disposable disposable.



*Dual layer pad
to improve your cash flow.*

*25% greater fluff weight
to soak up even more profits.*

*Double elasticated legs ensure
a watertight investment.*

but from the waist too. Because
v Super Snugglers have a
que absorbent waistband.
And very soon British mothers
know all about its superior

features, thanks to a record £4 million
national equivalent marketing
investment in advertising and
promotion.

Proof that, in the disposable
nappy market, Colgate really mean
business.



Three powerful ingredients...



2. NATIONAL TV

3. NEW LOOK ON THE SHELF

Care you can recommend with confidence

International Chemical Company Limited, 11 Chenies Street, London, WC1E 7ET.

Arsenic and old ways at BSHP conference

All but one of the speakers at the annual conference of the British Society for the History of Pharmacy, held near Oxford last week, were members of the Society. It was "a DIY affair", as one of the speakers, Dr W.E. Court, said, but it proved to be one of the most successful of the society's conferences.

Dr Court pointed out in his paper on "A history of herbal medicine," that once the clear distinction had been established between food and toxic plants, specialists in the various communities sought to exploit by trial and error, plants which could cure, heal or help ailing persons.

Although magic and superstition were involved in the early use of medicinal plants, empirical observation was the main route of progress as there was no knowledge of causal mechanisms. Medicinal plants were recorded as early as 2800BC in a Chinese treatise by Shen Nung which included 366 plants.

Those in pre-Christian times believed that many illnesses had divine origination and the "devil" had to be driven out. The result was a widespread use of emetics, cathartics and diuretics.

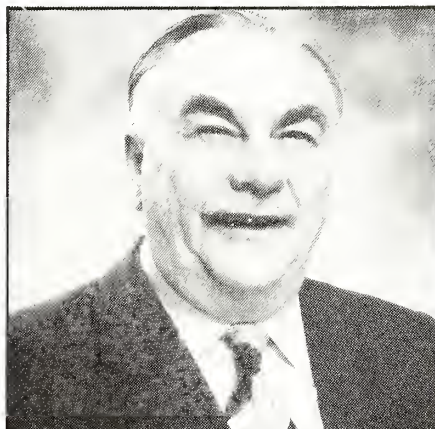
It was, however, the invention of the printing press in the 15th century that led to the dissemination of herbal medicine. "Herbals" by Bartholomew Anglicus (1495), Richard Banckes (1525), William Turner (1538), Henry Lyte (1578), John Gerard (1597), John Parkinson (1629) and Nicholas Culpeper (1653) gave information on plants and their usage together with woodcut illustrations.

Progress was, however, retarded by superstitious beliefs. Culpeper associated astrology and medicine. His illogical and erroneous correlation of plants, body systems and the then known planets was to hamper the advance of rational herbal medicine. Yet his book, "The Complete Herbal", was extremely successful, often quoted, and has been reprinted up to the present day.

Arsenic murders

"Murders and Detection of Arsenic" was presented by A.G.M. Madge, BSHP president. He emphasised that in the 17th century suspicion was often tantamount to guilt.

From the days of ancient Rome, doctors and law officers had very faulty notions of the symptoms of poisoning,



Mervyn Madge (above), president of the BSHP, and vice president J.E. Stearne, were invited to the Town Hall on Saturday morning by the Mayor of Oxford. The Mayor attended the conference dinner in the evening and stayed for Dr Court's paper "A History of Herbal Medicine"

"backed by superstition and poor observation". Normal processes of decay were often attributed to poisoning.

In the 18th century, an Arab alchemist converted arsenic into the white oxide which became the "poison supreme" or the "inheritance powder". Judges had no means of proving a victim had died from arsenic poisoning unless the poisoner had been careless in purchase. However, the science of chemistry and police systems were developing.

Scheele, in 1775, found that white arsenic could be changed to an acid by chlorine water or aqua regia and, when in contact with metallic zinc, it produced arsenic with its garlic smell. A few years later, Hahnemann showed that arsenic in body fluids formed a yellow precipitate with HCl and H₂S.

In 1787 Johann Metzger found that, if arsenic suspected substances were heated over charcoal and a copper platter held over the vapours, it became coated with white arsenious oxide, if arsenic was present. Further, if white arsenic was placed in a test tube, charcoal added and heated, the arsenic vapours were converted to metallic arsenic which

deposited on the cooler parts of the tube as black or brownish black metallic flakes or "mirrors". Others developed the tests including Orfila, who detected arsenic in the liver, spleen and kidneys. The next step forward was by James Marsh of the Royal British Arsenal at Woolwich.

A prosperous farmer of nearby Plumstead died after suffering from vomiting, abdominal cramps, diarrhoea and weakness in the limbs after drinking his breakfast cocoa. His daughter, granddaughter and a servant girl also had pains but recovered. An alert Justice of the Peace who knew the family well was suspicious of a dissolute grandson. The JP arranged for the drinking vessels and the stomach contents to be sent to John Marsh — the only competent chemist in the area. Marsh studied the methods developed for detecting arsenic and produced the tell-tale yellow precipitate soluble in ammonia. At the coroner's request, he convinced the jury a murder had been committed.

At the trial, the scientific proofs were beyond the jurors' comprehension — they wanted to see the arsenic. The defendant was acquitted, although seven years later he admitted his guilt, before being transported to Australia for another crime. The acquittal stung Marsh's pride and ego and he set out to find a method to demonstrate irrefutably the presence of arsenic by making it so visible that even the densest juror could see it!

19C spa doctor

"A Spa Doctor and his Practice — Dr Jephson of Leamington 1798-1878" was the title of a paper by Dr Joan Lane.

Jephson was apprenticed in 1813 at the age of 14½ to Henry Cowlshaw, an apothecary of Mansfield for five years. He qualified in 1818 and in that year went to London and became a pupil of the anatomist Thomas Alcock. In May 1823, Jephson passed the Society of Apothecary's examination and later that year he settled in Leamington in a partnership with Charles Chambers — dissolved in March 1827 by mutual consent.

In April 1828 Jephson got his MD at Glasgow and was back in Leamington in the September of that year. He was extremely successful and, by 1838, his income was 10,000 and in a later year reached £24,000. He was a believer in the value of exercise and a rigid diet which proscribed fruit, vegetables, butter, meat, fats, coffee or tea, pastry and puddings. He did, however, allow a daily glass of wine or sherry.

They've both got a sore mouth but the similarity stops there.



Medijel
gel

For quick, effective relief from the pain of mouth ulcers, soreness of the gums and denture-rubbing

DENTINOX
teething gel



Teething baby or mum with a mouth ulcer. Two different problems requiring two different remedies.

For mum, the powerful formula of fast acting Medijel gel or pastilles brings relief in seconds.

Medijel gel is soft enough to be placed at the point of pain.

For baby, there's Dentinox teething gel, the one that's specially formulated for babies - its tried and trusted ingredients quickly and safely relieve pain. So when a sore mouth looks to you for comfort, recommend the right product. Dentinox for baby teething and Medijel for adult mouth ulcers.

You can depend on DENDRON.

Dendron Ltd., 94 Rickmansworth Road, Watford, Herts. WD1 7JJ. Tel: (0923) 29251.

How to reduce your tax bill.....legally

Nobody likes paying tax, but everyone has to just the same. However, it is possible to reduce the bill with careful planning of your financial affairs. Alex Sklan*, a chartered accountant, looks at some of the opportunities...

Wife's earnings

If you run your own business, you should pay your wife a reasonable salary for the duties she performs, as this is an allowable expense to the company. Provided the wage does not exceed £35.50 a week (for 1985-86), no National Insurance or income tax is payable.

If a married couple, entitled to basic personal allowances, have a joint income of over £23,794 and provided the wife's earned income is at least £6,389, her earnings should be assessed separately.

This allows for a saving, as the higher rate of tax can be avoided. Lower allowances will be available overall, however. You must make a decision on assessment within 12 months of the affected tax year coming to an end. Earnings thresholds are based on 1984-85 figures.

Deeds of Covenant

If you are paying for a son or daughter over 18 to go to college, you should do so by means of a covenant. If he or she has no other income, you can covenant £2,205 for 1985-86, allowing the student to reclaim £661.50 from the Inland Revenue.

It may also be worth considering a covenant to charity. If charitable donations made in this way average £5,000 a year for a minimum of four years, they can be deducted from income for both basic and higher rate tax.

Company cars

Those earning more than £8,500 are taxed on the benefit of using a company car privately and for private fuel supplied by the employer.

These benefits are assessed with tables set out in the Finance Act. If your total business mileage by the end of the year looks like being slightly under the 2,500 mile or 18,000 mile threshold points, you should make an effort to top it up.

Your car scale is increased by a factor of 1½ if mileage is less than 2,500 miles. A 50 per cent reduction in both car and fuel scales applies for mileage over 18,000.

Business losses

Where a business makes a loss in one of the first four years of life, the loss can be set against the owner's income of the preceding three years. In this way, you may be able to claim both a tax repayment and a (tax-free) interest supplement.

Beginning and ending

A company's first three years of tax liability can be substantially reduced, and date of payment delayed if a starting point for the first accounting period is carefully chosen. The same may apply where a business is being wound up. Consult your accountant for details.

Bank interest

Banks switched to the same system as building societies for paying interest earlier this month. Interest received is now deemed net of basic rate tax. The National Savings Bank is an exception.

Capital Gains Tax

The husband and wife's annual exemption of £5,900 (1985-86) is lost if not utilised for the tax year. A review of your portfolio as April approaches may therefore be worthwhile.

Where possible, disposals should be put off until the new tax year has begun, allowing for later payments on the gains arising. Gains on trading assets, such as buildings or goodwill, can be deferred by reinvesting proceeds in a similar asset — within prescribed time limits after the sale.

If you are over 60 and dispose of all or part of your business, you may be eligible for retirement relief. Maximum allowance is £100,000 — £20,000 for each year to 65.

If the sale is due to ill health, full relief is available before the age 60. There are limits on ownership and qualifying assets.

Capital Transfer Tax

Remember gifts may be useful as the tax year comes to an end. Annual exemption is £3,000, with a limit of £250 to any one person. Gifts to spouses or relatives by marriage should be considered, with full use of the £64,000 nil rate band in mind.

Finally

It cannot be over-emphasised that all small businessmen should seek sound professional advice when planning their tax arrangements.

*Mr Sklan is a partner in Chartered Accountants Martin Sklan & Co who have offices in North West London and the West End

Midges won't bite YOUR customers.

The ultimate deterrent to mosquitoes, midges and most biting flies — offering complete protection for up to 8 hours per application due to high levels of DEET.

In normal use it is safe, stainless, virtually odourless.

Backed by National Advertising. Stock it. Display it. Sell it. Customers benefit so will you.

From your usual Wholesaler, or in case of difficulty from: Arun Valley Trading Ltd., Pulborough, W. Sussex RH20 1ER Tel: Fittleworth (079882) 482 Telex: 847508 AMAZON G.

Jungle Formula



Prices: 50ml Bottle Qty. 12. \$15 + VAT. RRP \$2.25 each. 100ml Aerosol Qty. 12. \$18 + VAT. RRP \$2.99 each.



Government considers ideas to cut costs

With a breakdown in the talks between the Association of German Pharmaceutical Industry (BPI) and those running compulsory health insurance schemes aimed at reducing the drugs bill, the Bonn Government is said to be considering a variety of ways to dampen the explosion in health costs.

One measure under discussion is a rise in the contribution paid by the patient per item on a prescription (last increased two years ago) from £0.58p to 20 per cent of the actual cost of the drug, up to a maximum

limit of £5.50.

A new basis for calculating doctors' pay rises and a fall of 10 per cent or even 20 per cent in payments to dentists are also under active consideration. Restricting payment of the costs incurred for spectacles to medically necessary lenses and making patients pay towards the cost of hearing aids are other possibilities.

However, skiers, footballers and other sports devotees were undoubtedly reassured by the statement of a Minister who said he had no intention of excluding treatment of sports injuries from the cover provided by the compulsory health insurance schemes.



Red list Jubilee

With its 1985 edition, the bible of German pharmaceutical specialities, the Rote Liste, celebrates 50 years of publication.

This mammoth drugs compendium, the first of its kind in the world to be distributed free to doctors by the pharmaceutical industry, got its name from the colour of the cover of its first issue, and has retained it ever since.

From 1974 onwards, the reference work has been revised annually and is now also sent to all practising pharmacists. The current edition, published by the BPI and listing some 8,882 preparations, 11,086 dosage forms and 20,876 prices, represents the products of 432 drug firms who account for 95 per cent of the value of drug production in West Germany.

The main section of the book consists of products arranged in the similar chemical groups for use in 87 major indications. Extensive cross-referencing and chapters on international non-proprietary names, makes the Red List a superb and easy-to-use source of knowledge.



Formalin scare

In its usual inimitable way, the magazine *Der Spiegel*, recently published an article entitled "Environmental poison in throat lozenges". The report, which appeared in the midst of the colds season, raised the possibility that formaldehyde, which was recently the subject of an official report on its carcinogenic and allergenic potential, could be released from paraformaldehyde present in mouth and throat preparations and exert toxic effects.

One of the manufacturers of such lozenges, containing 100mg paraformaldehyde (equivalent to 10mg of the parent substance), freely admitted that its product could only exert its

antibacterial effect if formaldehyde was itself released. However, the similarity between the product and formaldehyde lozenges BPC 1979, which the company claimed had been used since 1920, was pointed out. The company had never received any indications from patients or doctors that the preparation was a risk to health.

Since 1972, only one report (of questionable causal connection) of any side effects had occurred. A spokesman quoted an article in a German medical journal, which had pointed out that an apple contains 5mg formaldehyde and a cup of coffee 3-7.5mg.

However the report on formaldehyde by the Federal Health Office has requested manufacturers submit details of substance contained in human or veterinary products without delay and has proposed that levels of over 0.05 per cent must be declared on the package and that the maximum permitted limit should generally be 0.2 per cent.



Ten years of Adalat

According to the father of calcium antagonists, Professor Albert Fleckenstein of Freiburg, we currently stand at the start of a revolution in the treatment of hypertension.

In a press conference held by Bayer to celebrate ten years of Adalat, the professor declared that calcium antagonists alone could cure 60 per cent of all types of high blood pressure and that another 30 per cent of cases could be successfully treated with inhibitors of angiotensin converting enzyme (ACE).

Professor Fleckenstein, who faced great resistance when he put forward the concept of calcium antagonism back in 1970, believes that turnover in these drugs worldwide will top \$2 billion in the next five years. Adalat, which probably accounted for half of the market in 1984, has now lost its patent protection, but Bayer clearly intends to remain in the forefront of this field as new, more potent and selective drugs appear, such as nisoldipine, nitrendipine and nimodipine.

A novel and potentially lucrative indication for these agents is signalled by the demonstration of an anti-calcinotic action in animals. Atheromatous changes in blood vessels caused by a high cholesterol diet could be largely suppressed by simultaneous administration of calcium antagonists.

The exciting possibility of such a prophylactic action in man is currently the subject of a long-term multicentre study in 350 patients in Holland and West Germany, due to end in the late 1980s. Other new indications include a cytoprotective effect in heart surgery and kidney disease. Ten years on, it seems as if the Adalat success story could still be in its infancy.



Addiction increasing

A continuing increase in the number of alcoholics and registered drug addicts occurred in Germany in 1984.

With a consumption of 12.4 litres of alcohol per head, the country was in fifth place worldwide behind Luxembourg, Portugal, France and Spain. Some 2 million Germans are now considered

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dependent on alcohol.

Consumption of drugs also rose and in 1983, roughly 7 per cent more drugs were used than in the preceding year, with psychotropics rising from seventh place in 1970 to fourth. Two tranquillisers were in the first seven most frequently prescribed drugs in 1983 and the number of people addicted to illegal drugs was conservatively estimated at 80,000.

Cannabis, cocaine and other narcotics showed an increase in use but nicotine addiction remains the most widespread form of abuse. This currently affects 35 per cent of the total population and 68 per cent of 18-24 year olds.

300 German 'Boots'?

The first "health supermarket" for Germany is planned by a regional grocery chain, to open in the town of Bielefeld in the Autumn.

The floor area of at least 1,500sq m is to be devoted exclusively to everything concerned with health care, ranging from lavatory paper to spectacles, dietary foods and drinks. A pharmacy could well be included in one corner of the store, if certain legal obstacles can be overcome.

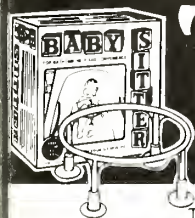
The grocery chain is reportedly convinced that it can cash in on one of the few boom areas in consumer spending and believes it will be able to circumvent regulations which prevent the existence of pharmacy multiples.

The president of the Federal Chamber of Pharmacists, who has repeated the call for a total ban on the self-service of drugs, has declared himself opposed to the new concept, which he thinks can only increase medicines consumption and misuse.

These report come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheker Zeitung* and *Pharmazeutische Zeitung*.

of days treatment Ensure dose is stated	NP
Ecostatin spray x ① use daily.	
Microscope 2.5cm x 5cm x ①	
Melolin dressing 10cm x 10cm x ②②	
Crepe Bandage 7.5cm x 4.5cm x ①	
Tab Tetracycline 250mg	
W/Carole	Date 2 Feb 84
14 MAR 1985	
Take a close look at this one!	

The Safe Sales 'SITTER'



Think how many mothers are bathing their young babies every day.

Well that's how many potential customers there are for the amazing new Bathtime Baby Sitter!

It's simple, inexpensive and as word quickly spreads, it's something that thousands of mums in your area alone will be wanting to buy.

The Bathtime Baby Sitter is safe and easy to use, you just stick it securely to the bottom of the bath or on any smooth surface, by using its large rubber suction cups.

R.R.P.
ONLY £5-99

Perfect for babies from 6 months upwards. Leaves mums and free National advertising starts in April so make sure you have it on sale. It's the safest way to make money yet!

ORDER NOW!
0625-533247
24 HOURS.

Bathtime BABY SITTER

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Give me the Joy-Rides or Else.



Discerning pharmacists stock Joy-Rides just in case.

Because they're the only travel sickness tablets specially for children. And they're being advertised throughout the year.

Joy-Rides

PATA forum for OTC case

As a result of the new limitations on NHS prescribing there will be fundamental changes in the demand for OTC medicines.

There will be the possibility of increased sales in pharmacies and the certainty of increased marketing activity by manufacturers, both of which may, in their turn, bring about further changes in the role of the wholesale supplier.

The Proprietary Articles Trade Association, now in its 90th year, is the only organisation to which all the groups involved in pharmacy, ie, manufacturers, wholesalers and retailers, belong and where such opportunities and possible problems may be discussed around the same table.

The Association is using the occasion of its annual meeting, to be held on May 2 at the Connaught Rooms, London WC2, to provide Mr John Wells, executive director, Proprietary Association of Great Britain, and Mr Tim Astill, director, NPA, with a platform to give their views on the future of OTC medicines in the UK, and they will no doubt use this opportunity to discuss issues arising from the implementation of the limited list.

It is vitally important that all sides of the industry are made aware of each other's problems and points of view in the new situation now facing us with regard to variety, distribution, pricing and advertising of proprietary medicines so that the best interests of the public and the profession are served.

I hope that members of the PATA will make an effort to attend the AGM and this Association Forum, which comes at such a critical time for pharmacy, and take part in the discussion. I look forward to meeting as many of them as possible on May 2.

C.N. Bedford
President, PATA.

Young division

I view with alarm the proposal to form a Young Pharmacists Association. The BPSA's past chairman, Peter Joshua, has hardly been a member of the Society long enough to comment with any authority on recognition of young pharmacists. He would be better employed encouraging his young colleagues to attend their local branch meetings.

Pharmacy is an incredibly apathetic profession and splitting the ranks would be a disaster. If young pharmacists feel

strongly enough about their plight to want to form a new association, their energy could be harnessed to everyone's benefit if they expressed their dissatisfaction through the existing channels.

The pharmaceutical hierarchy doesn't listen to any of its members — witness the total lack of action following the resolution taken at Ashwin Tanna's historic meeting (October 1983). We need angry young pharmacists with us if we are to achieve anything — not dissipating their abilities into red herring non-starters.

J.A. Schofield *A young pharmacist,*
Tyne & Wear

Ploughing a crooked Farrow?

The new chairman of the rural practices subcommittee of the GMSC, Dr David Farrow, has not started off particularly well, if he intends earning our respect.

He questions the pharmacists' belief that doctors should stick to prescribing, saying this is an attempt by pharmacists to find a role in society. He would disagree that such an insulting reference has nothing to do with dispensing doctor's eagerness to acquire money wherever and whenever they can. He disregards at a stroke the services pharmacists supply. His disparaging remarks about pharmacists' claims to know more about adverse reactions and incompatible drugs, only testifies to the superior attitude of doctors.

Asked whether rural patients preferred their doctors to dispense — Dr Farrow replies absolutely — once they've experienced dispensing doctors they want to continue it, there is a psychological advantage in the doctor handing over drugs he has prescribed. This answer is sheer fantasy. In the first place very few doctors actually dispense and very few hand over the medicine. If patients were fully aware of what actually takes place they would be terrified.

"But remember", Dr Farrow says, "the doctor carries the can." Wrong again, Dr Farrow, the patient carries the can. The doctor is able to circumvent responsibility — anything he does he is able to cover up.

Pharmacists have certainly woken up faster to the implications of Clothier. The RPA were in the forefront of pharmaceutical thinking and we would like to place on record that Dr Farrow's statements are an indication of the thinking behind the GMSC. Urban pharmacists should be aware of these implications.

John Davies.

Secretary, Rural Pharmacists Association.

Double dose

When will firms like Janssen realise that the "work" of the pharmacist invested in the sale of a Pharmacy Only product is not reduced if the product is advertised; indeed the "work" may be harder and longer if the product is advertised.

The important thing for Janssen (and others) to remember is that a Pharmacy Only sale is a *discretionary* sale and not an automatic sale. Pharmacists may, after consideration of individual circumstances, choose not to sell a product asked for by name and, in so doing, be acting in that individual's best interests. This is why we have a restriction on various medicines.

I will continue to do my best to sell Imodium when I feel it appropriate because I think it is an excellent addition to our range of medicines but I will not stock Arret. Why double stock if you don't need to? And I will draw my customers attention to the price difference to the purchaser at near enough 20 per cent extra.

If other pharmacists feel strongly about this cavalier attitude of Janssen and their profit "award" policy we have the ability to ensure Arret is still-born. To quote Janssen's own words: "All advertisements will urge customers to seek the advice of their pharmacists".

J. Savage,
York.

Janssen respond: During the past two years pharmacists have established Imodium as the recommended antidiarrhoeal for use when consumers ask for advice.

Market research reveals that some 80 per cent of consumers do not ask for advice regarding antidiarrhoeal therapy — they ask for branded products by name. As a result, the majority of consumers are unaware of the availability of Imodium, which as a prescribed medicine, cannot be advertised directly to the public. In order to increase consumer awareness of loperamide it was necessary to launch a new presentation — namely Arret.

The pricing policy adopted for Arret reflects the extensive advertising necessary to make the consumer aware of this innovative product. Your correspondent recognises the value of loperamide to his patients — it would be a pity if this outstanding preparation was only available to those who directly asked for advice and not to many potential users who are unaware of its existence.

Elinor Hughes
Product Manager,
Janssen Pharmaceutical Ltd

More Letters on p882

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NO PROBLEM WITH DISTALGESIC SUPPLIES

Unlike other generic Co-proxamol equivalents you will never have supply problems with DISTALGESIC.

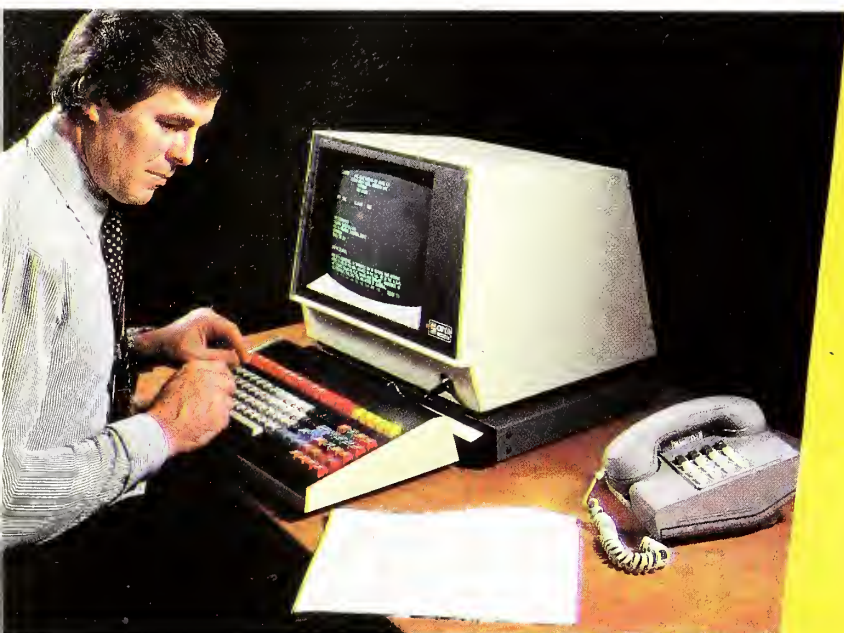
Your patients will continue to request the DISTALGESIC brand and you will never need to turn away a Co-proxamol prescription.

DISTALGESIC is available at the new tariff price of £1.84 from your normal supplier.

So you can satisfy patient demand with DISTALGESIC and at the right price.

IT PAYS TO SPECIFY
Distalgesic
Co-proxamol

Now! A compelling whole mailing list - at



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British Telecom's new message service, Direct Access Telemessage II, is unbeatable for any business with something important to say and the need to drive the message home - hard.

Press Button Simplicity

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We do the rest. Your message is printed on letter quality printers and delivered in its distinctive yellow envelope.

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Your 60p buys a full A4 page holding up to 350 words. For a little extra, you can add reply paid envelope and, with a little pre-planning, even have your own enclosures included.

Use Telemessage II to announce your new products,



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Two controls — one payment?

You have reported on previous occasions (March 23, p558), the increasing problem caused by demands for large quantities of drugs, for long term treatment on prescriptions.

While I fully appreciate the implications of my unusual application for a second contract, it is designed to draw attention to the detrimental and unjust effect of long term prescribing on my remuneration and the iniquity of having my "lost" fees distributed to all other contractors.

A chemist contractor, upon being placed on the pharmaceutical list, is subject to Statutory rules and regulations. Alteration and amendment of these normally takes place after agreement between the body representing pharmacists (PSNC) and the government (DHSS).

The rules and regulations themselves, are subject to the laws governing Statutory Instruments, can be challenged in the courts. Parliament generally requires that the rules be framed to ensure fairness in administration of the Statute. Therefore it follows that the unwritten "law of natural justice" must prevail.

As we are only blessed with hindsight and not foresight, reasonable rules can become unreasonable and manifestly unjust, due to changed circumstances. In this case it is due to pharmaceutical and medical progress genuinely not anticipated when the rules were drawn up. As a result, application of the letter of the law makes for injustice.

One clause of the Constitution of the PSNC states it should: "represent, protect and serve the interests of contractors". May I ask if I am being protected?

The DHSS is under Parliamentary rules of justice. Do you believe that my predicament is just? The injustice to me was pointed out to those in authority in 1983. It is now 1985 and not rectified. Is this not unreasonable?

I believe in the strength of our British Constitution. I feel, however, that duty of care in this instance now appears open to challenge. I inquire though, how is one able to afford the resources required, to turn to the courts for entitled justice — which I consider should not be necessary — in our caring, thinking democracy.

Perhaps my lone voice is not loud enough. If so, noisy support from fellow practitioners would be much appreciated.
Michael Reynolds,
Highcliffe, Dorset.

Rates bill doubled for Scottish retailers

Scotland's latest review of property values has doubled the rates bill for many small retailers.

Edinburgh pharmacist William McDale was given a rateable value of £2,170 for his Deanhaugh Street shop — an increase of £1,623. As a result his annual rates of £800 will rise to at least £1,600. "If it weren't for the loyalty of some of our elderly customers, we could close the doors" he says.

"For this Government to say they're backing small business is a joke."

Tom Brown, MPS, of Anstruther has seen his shop's

rateable value quadruple to £2,800 — again doubling his rates. Other shops in his Shore Street site are in the same boat, with the local electrical store about to close down, and two newly-purchased empty shops now unlikely ever to open.

"Several shop owners here have already written to their MPs, or to the Secretary of State for Scotland saying 'That's the last Tory vote you get out of me,'" Mr Brown told *C&D*.

The picture is the same in Glasgow, where Dumbarton Road chemist Andrew Hand is faced with a monthly rates bill up from £55 to £180. His rateable value has also increased fourfold.

The average rateable value for retailers North of the border has gone up 3½ times, according to the National Federation for the Self Employed. "We've had problems convincing folks down South just how severe the problem is" says

Scottish secretary Bill Anderson.

He's just met with a group of Westminster MPs to discuss the problems, and describes the mood as "heated".

"The Alliance and Scottish Nationalist MPs are behind us" he says. "But Labour are dragging their feet, and the Conservatives just don't want to know."

The Scottish Pharmaceutical Federation, equivalent to the NPA, are advising retailers to form local groups and appeal against the new valuations.

Secretary Robert Stewart points out that this is well worthwhile, as values now being

"For this Government to say they're backing small business is a joke."

decided will remain fixed for the next five years. Appeals must be lodged with local authority valuation offices by September.

Scotland's retail values — unlike those in England — are, by law, subject to regular review. This normally happens every five years, although changes can be delayed, and the previous review took place in 1978. England's values were last reviewed in 1963.

A Scottish Office spokesman told *C&D* the commercial sector had done relatively well in 1978, at the expense of domestic and industrial payers.

"We do hear cases of people whose rates have fallen," he said. "There are winners as well as losers."

Last word goes to Edinburgh's William McDale: "I can't help thinking if all this happened in England, all hell would have broken loose."

Call for change on patent law

A plea to the Government to change patent provisions for pharmaceutical products was made last week by Lord Lloyd, chairman of the Foundation of Science and technology.

"The effective patent life for a new drug is now substantially less than the 20 years provided for in the Patents Act 1977.

"This erosion of patent life is detrimental to the pharmaceutical industry, but more importantly to the health of the nation," he said, speaking at an Association of the British

Pharmaceutical Industry symposium.

Lord Lloyd called for the abolition of the licence of right provisions, contained in the Patents Act 1977, which allow copying companies to achieve licensing arrangements for the last four years of the patent term available to the innovators.

He urged the Government to take the lead in encouraging other EEC states to speed progress on the Directive on High Technology Products which would give innovators ten years of exclusive of marketing rights.

■ **Share drug stores** increased first-half pre-tax profits by 60 per cent to £600,000 in the six months to March 2.

Sales in their 55 shops rose to £10.6m, up 43 per cent on the same period last year.

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Wilkinson Sword marked Vantage's tenth anniversary by presenting Vestric managing director, Peter Worling (left), with a special knight's sword. Sales director Malcolm Niven made the presentation

Booker beats Dee after 10 months

Booker McConnell, owners of Kingswood Chemists, have beaten off Dee Corporation's £338m takeover bid after a ten-month battle.

Dee's final stake in Booker was well short of a controlling interest at just 32.5 per cent of Booker. Only 16.7 per cent was gained during the latest offer.

The struggle started back in June when Dee made an opening bid of £190m, and the bid was referred to the Monopolies and Mergers Commission.

By the time the Commission gave the go-ahead in January, Dee had doubled the size of its supermarket chain to about 760 stores with the £180m acquisition of International Stores. But Booker, with increased profits, were also in a stronger position to resist.

Kis analyser

Kis hope to introduce an automatic colour analyser for their Magnum mini-labs in time for Summer.

The analyser, expected to cost between £3,500 and £4,000, examines each negative individually before setting colour levels for printing. The first print emerges after three minutes, with subsequent ones following every eight seconds.

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Industry sets new record with Queen's Awards

Pharmaceutical companies have taken their highest share yet of the Queen's Awards for Technological achievement, winning five out of the 29 given.

Boots' research department gets an award for the discovery and development of ibuprofen, first marketed in the UK in 1969 as Brufen. Boots say they think the fact that the drug went OTC in the UK in 1983 and in the USA a year later may have had some bearing on the award.

Ibuprofen, which Boots claim is the world's seventh largest selling pharmaceutical product, was one of the main reasons the company won a Queen's Award for Export back in 1974.

Glaxo's award recognises the discovery of Zantac, which helped the company reach record pre-tax profits last year of £194.6m (*C&D*, April 20, p818). The company says nearly 20 million patients have benefitted from Zantac since it was first introduced in October 1981.

Glaxo's research teams have previously won technological achievement awards for Ventolin (1973)

and Becotide (1975), the group overall has won eight Queen's awards for export altogether.

Reckitt & Colman's pharmaceutical division is rewarded for developing buprenorphine, launched in the UK in 1978. The company says it has just been introduced successfully into Japan and will enter the US market later this year.

The Wellcome Foundation has won an award for Zovirax (acyclovir). Wellcome say the activity of acyclovir was discovered at their Kent research centre in 1974, and reached the market as an ophthalmic ointment in 1981.

Wellcome have previously won a technological award for trimethoprim and four awards for export achievement.

Finally, Celltech, a biotechnology company set up in November 1980, is rewarded for developing large-scale production process for monoclonal antibodies. The antibodies are used in healthcare diagnostics, eg for blood group typing and purification of therapeutic substances such as interferon. Celltech say they have a world lead in this technology.

ABPI find six breaches of code

The Association of the British Pharmaceutical Industry has reported six further breaches of the industry's code of practice.

One involved a Glaxo Press release for Zantac which resulted in information being made available to the lay media instead of just the medical Press.

In a further case, the code of practice committee ruled Smith Laboratories had breached the code when a marketing manager asked a surgeon if he could remove the entire stock of a competitive product to carry out chemical assays, as it had been impossible to obtain supplies through normal channels. The manager offered to substitute Chymodiactin, not licensed for sale in the UK.

The committee also decided four advertisements had breached the code. These were an advertisement for Acepril in which the required prescribing information was not given clearly and concisely; an advertisement for Keflex implied the drug did not cause rash;

inaccurate price claims had been made for Vibrancylin and an unsubstantiated claim made for Arelix.

The companies concerned have agreed to stop the practices in question. Ten other allegations that companies had breached the code were not upheld, according to the ABPI's April report to company chief executives.

Janssen China

Janssen have signed a deal with the People's Republic of China to set up a company making and selling their products there.

The newly-created company — Xian-Janssen — will eventually employ 600 staff at a new factory in Shaanxi province. The plant, scheduled to go into production in 1987, will produce 34 Janssen products.

Talks on the deal, described by Janssen as "the largest ever pharmaceutical joint venture with China" began in 1978. More than 1,000 Chinese hospitals were involved in a research programme to decide which pharmaceutical products would be of most use to the local people.

EEC 80pc self-sufficient in drugs

The European community accounts for 25 per cent of world pharmaceutical output, with 33 companies capable of serious product innovation based mainly in the UK, Germany and France.

In addition there are 1,500 companies based in the EEC who have licensing agreements, specialise, or are generic producers. Production by multinationals based outside the Community accounts for about 20 per cent of the EEC total.

The information comes from a report published by the European commission (DG IV), and researched between October 1983 and March 1984.

The Community's pharmaceutical industry has remained competitive over the past ten years. American drug companies remain the most powerful, followed by those of Switzerland, Germany and the UK. France, Italy and Japan have large industries but concentrate on local or captive markets. Those of Denmark and Sweden are "small but competitive".

The industries of the other European countries are of medium to low competitive strength. Direct trade is, however, less important than local production as a way for foreign companies to supply local markets.

The alleged decline of the USA and the rise of Japan have both been exaggerated. However, Japan is expected to increase in importance — there is evidence that her ability to innovate must be taken seriously, the report says.

Parallel imports are an area of concern for the industry. Permitted by Community law, they arise from government policies rather than industry action. The industry feels that parallel imports may exert uncontrollable downward pressure on prices and weaken competitiveness.

About two-thirds of the drugs sold within the Community are made by companies based there, among which innovative firms have a dominant position. The balance comes from America and, to a lesser extent, Switzerland.

The report concludes that the Community's longer term policies should move in the direction of more freedom for market forces producing a *de facto* unification of the Community drug market. Distortions of trade such as parallel imports would be reduced, as would the hidden subsidies made possible by current pricing policies.

However, the report recognises the

problems associated with the free market approach. In the Community neither doctors nor patients are sensitive to drug costs. Since governments pay all or much of the national drug bill they attempt to hold down prices.

Copies of the report can be obtained from: *Economists Advisory Group Ltd, New Bond Street, London.*

USDAW Sunday trading strike?

Motions to go before USDAW's annual conference this week include 16 calling on Parliament to reject Sunday trading.

Suggested action from the union includes a one-day national strike sometime within the next three months, a mass lobby of Parliament, mobilisation of all Labour MPs and more effort from USDAW in "the struggle to bring down the Government".

Other motions simply exhort the union to keep up the pressure with their case against a "free for all".

March sales looking good

Chemists are confident of a good level of trade this month, according to a joint survey of distributive trades from the *Financial Times* and the Confederation of British Industry.

Of the 14 chemists interviewed between March 22 and April 12, 83 per cent expected sales volume to rise this month, with only 6 per cent predicting a drop — a balance of +77 per cent. The figures for sales in March are the same.

As for retailing in general, the survey says a balance of +66 per cent saw sales volume rising in April, with +61 per cent reporting an increase in March. A total of 348 retailers were interviewed.

Wholesalers are also optimistic. In the sector including pharmaceutical wholesalers, a balance of +22 per cent expected sales volume to rise this month.

Retail prices

The Department of Employment retail prices index for all items reached 366.1 in March (January 1974 = 100). This represents an increase of 0.9 per cent on February and 6.1 per cent on March 1984.

NI symposium on homoeopathy

The subcommittee for post qualification education and training of pharmacists in Northern Ireland is holding a symposium on homoeopathic and herbal medicine on May 9.

Held in two sessions — afternoon (homoeopathy) and evening (herbal) — at the La Mon House Hotel in Belfast, the symposium will cover most aspects of the subject, including history, patient assessment and choice of therapy, and counterprescribing.

Details from Mr G. Dudman, Personnel 7, DHSS, Dundonald House, Upper Newtownards Road, Belfast BT4 3SF.

Wednesday, May 1

Blackpool Branch, National Pharmaceutical Association. Imperial Hotel, Blackpool, at 7.45pm. Mr Tim Astill, director, NPA, on "Tomorrow's world."

Wirral Branch, Pharmaceutical Society. Wirral Postgraduate Medical Centre, Clatterbridge Hospital, at 8pm. Course on 'Infections.' Part of the Mersey Regional Continuing Education Course.

University of Bradford, School of Pharmacy. D4 lecture theatre, Richmond building, at 8pm. APS Wallace Hemingway Memorial Lecture. "Helping the consumer to use medicines well" by Dr A. Herxheimer, department of pharmacology, Charing Cross Hospital medical school.

Thursday, May 2

Weald of Kent Branch, Pharmaceutical Society. Brewery visit to Faversham.

Bath Branch, Pharmaceutical Society. postgraduate medical centre, Salisbury Infirmary, at 7.30pm. Professor A.H. Beckett, on, "The problem of dope in society and sport and some methods for its control."

Advance information

Hospital Pharmacy Workshops. Pharmaceutical Society, 36 York Place, Edinburgh, Scotland, June 10, at 9.30am. One day workshop (workshop A, pt II) on "Aspects of therapeutics: drug distribution." Cost is £15. Applications to Mr W. Scott, principal pharmacist, Western General Hospital, Crewe Road, Edinburgh. (tel: 031 332 2525).

Hospital Pharmacy Workshop. Wellcome Foundation, Crewe Hall, Crewe, June 26, at 9.15am. One day workshop (workshop B) on "Patients and their medicines." Cost is £20. Applications to Mr W.T. Brookes, Crewe District Headquarters, Leighton Hospital, Nr Crewe, Cheshire CW5 5QU.

Legal Studies and Services Ltd. Royal Lancaster Hotel, London W2, June 14. One day seminar on "Marketing consumer pharmaceuticals." Fee is £147 ex VAT. Information from Julia Wright, Legal Studies & Service Ltd, Bath House, 56 Holborn Viaduct, London EC1A 2EX (tel: 01-236 4080).

Proprietary Articles Trade Association. Connaught Rooms, London WC2, at 11.30am. Annual meeting followed by forum. Speakers are Mr Tim Astill, director, National Pharmaceutical Association and Mr John Wells, executive director, PAGB, with views on the future of OTC medicines in the UK. A charge of £20 will be made for lunch. Applications to Mr R.G. Jones, secretary, PATA, 4 Margaret Street, London W1N 7LG (tel: 580 4511).

Westchem '85. The Exhibition Centre, Bristol, June 16-17, 11am to 7pm. Over 50 exhibitors are expected at this new chemists' show. Details from Trades Exhibitions, Exhibition House, Spring Street, London W2 3RB.

Christmas Beauty Show. Mount Royal Hotel, Bryanston Street, Marble Arch, London, July 7-10, 10am-9pm. Details from Martin Cooper, Dutch Cottage, 131 London Road, St Albans.

British Institute of Regulatory Affairs. Pembroke Hotel, Blackpool, on July 3, 4 & 5. BIRA annual conference on the "Impact of computers on the regulatory process." Cost is £264 including VAT for members, £310.50 for non-members. Applications by June 5, to BIRA, Drayton House, 30 Gordon Street, London WC1H 0AX.

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Taylor elected NPA chairman

Peter Taylor, FPS, of Newcastle-under-Lyme, Staffs, has been elected chairman of the National Pharmaceutical Association.

Alan Facer, of Preston, is elected vice-chairman. The post of treasurer remains with Mr Robert Worby, FPS, of Walthamstow.

For the coming year, the General

Purposes Committee comprises Mr Taylor and Mr Facer, together with Dengar Evans, Marshall Gellman, Patrick J. Gilbride, Peter A.P. Gleeson and Thomas I. O'Rourke, FPSNI.

The Finance Committee comprises Mr Worby, together with Bernard Brown, Joseph R. Clitheroe, Roy Jones, Lewis Priest, John D. Thomas and Edward M. Thornton.

The business services subcommittee is Leslie Calvert, C. Donald Ross, Joseph King, D. Hopkin Maddock, Peter Snowden, David N. Sharpe and John C.N. Wilford.

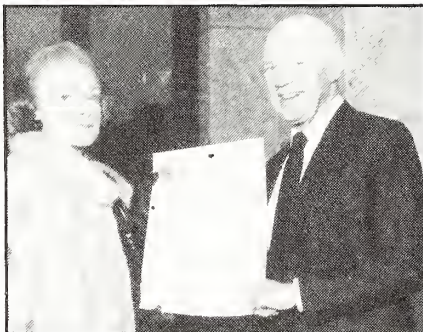
CTPA deputy Lord Lieutenant

Mr Cyril Ashley, the chairman of the Cosmetic Toiletry and Perfumery Association, has been appointed a deputy Lieutenant of Greater London. He received his commission from Baroness Phillips, representative of HM The Queen in the metropolitan area.

"I am very flattered," said Mr Ashley after the ceremony. "I just hope I shall carry out any duties I may be called upon to perform, competently and in an appropriate way."

Mr Ashley began his career with the CTPA in 1936 and, after war service, became the acknowledged experts in hair products, particularly colourants.

In 1952 he joined Golden Ltd, that was



CTPA chairman Cyril Ashley showing his wife Beryl the commission appointing him a deputy Lieutenant of Greater London

to develop in Britain under the L'Oreal banner. He pioneered the first post-war hairdressers exhibition and developed the £11m L'Oreal plant at Llantrisant.

He has been chairman of the CTPA for the past four years and represents Britain's interests on the EEC liaison committee.

Trying it on for Wales

Gareth Roberts, MPS, made his home debut in a Welsh rugby union jersey, against England at Cardiff Arms Park last Saturday – and marked the occasion by scoring the second Welsh try.



Mr Roberts works as a community pharmacist for Howard & Palmer in Swansea. He graduated from UWIST and registered in 1981.

A flank forward, he was chosen for the Welsh national squad in 1980, but injuries interrupted his career. He rejoined the squad in 1982 and was chosen as a replacement 12 times before gaining his first cap, coming on towards the end of the game in Paris last month.

He doesn't remember too much about the try that effectively put the game beyond England. "It was just instinctive," he says.

"Every one wants to play for their country and I was oblivious to the crowd. You just concentrate on the game," he says, talking about the experience of playing in front of over 60,000 people.

Mr Roberts' next big game is the Schweppes Welsh Cup Final on Saturday, where he plays for Cardiff against Llanelli. "It'll be a hard game, but a great end to the season if we win it," he says.

It was business as usual on Monday, but the regulars might just be regarding Gareth Roberts in a new light.

DEATHS

Elliot: Joseph Henry Elliot, The Whiteway, Cirencester, and secretary of the Gloucestershire Local Pharmaceutical Committee, died suddenly on April 16.

Mr Tom Davies, secretary of the local branch of the Pharmaceutical Society, who has known Harry Elliot for many years, told C&D:

He had been a community pharmacist for many years at G. Horton Ltd in the Market Place, Cirencester and was designated a Fellow of the Pharmaceutical Society in June 1974. He had been a member of Gloucestershire Area Health Authority and was secretary of the LPC for many years. He was also a magistrate and, most recently, chairman of the Cirencester Bench.



Alex Thom retired from his business in Chesterton Road, Cambridge, after close on 50 years trading. To mark 34 years association with Macarthy's, Cambridge, Jim Canning, Macarthy's sales and marketing director and Peter Forster, Cambridge depot manager, presented him with a crystal decanter and matching tumblers

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